PERMISSION SLIP FOR FIELD TRIP

__CLUB JAM_____ _____
(Name of Program) (Today's Date)

Judy A. Morrill Recreation Center has a special field trip planned and would like your permission to take your child.

Date of trip_____ Departure Time_____

Location of Trip _____ Return Time _____

Phone _____or 260-357-1917

To give permission, please sign the lower half of the permission slip and return it to the class by: _____.
(Date)

(keep the top section for your information)

(cut along dotted line and return this section)

PERMISSION SLIP FOR FIELD TRIP

Child's name _____
(Last) (First)

I give permission for my child to attend with Judy A. Morrill Recreation Center

staff on a field trip to _____ on _____, by means of
(Location of Trip) (Date)

_____ transportation.

I can be reached at (____)_____ during the hours of the field trip.
(Phone Number)

In the case of emergency, I give Judy A. Morrill staff permission to call an ambulance, if necessary, to transport my child to a local facility. I agree to consent for any treatment, surgical and diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physicians.

I release all liability of accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless the Judy A. Morrill Recreation Center, its officials, agents and employees, from any claims arising out of my son's/daughter's participation in this event.

_____ _____
Printed name of parent/ guardian Relation to student

_____ _____
Signature of parent/guardian Date