

## BAC Summer Camp Freedom Park Consent Form

I hereby give my permission and consent for \_\_\_\_\_  
Child/Children's Name(s)

to participate in the field trip to Freedom Park in Westfield, IN. I understand that my child will walk with his/her assigned group from Washington Woods Elementary to Freedom Park, without crossing any streets, while being supervised by program staff.

This permission slip and consent is valid anytime starting June 7, 2021 through August 4, 2021.

Every reasonable effort will be made to ensure your child/children's safety and security during this walking field trip. However, since we must be prepared for any situation, please fill in the following completely:

Allergies: \_\_\_\_\_

Any needed medical information: \_\_\_\_\_

\_\_\_\_\_

Should, in our opinion, a situation arise that warrants a trip to the nearest doctor or hospital, do we have your permission to transport your child by ambulance if necessary? \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please give the name and phone number of parents/guardians, or authorized pick up person, who will be available from June 7 through August 4, 2021 to act as an emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Phone Date