

Reformation Summer Camp Consent/Field Trip Permission Form

I, _____, am the parent or legal guardian of _____ (hereinafter "my child(ren)", and I am informed of the activities offered by Reformation Lutheran Summer Camp (hereinafter "this camp," "church," "school," etc.) located at 4670 Mt. Abernathy Ave., San Diego, CA 92117, beginning on June 5th, 2017 and ending on August 25th, 2017.

As the parent or legal guardian of my child(ren), I hereby consent for my child(ren) to attend and participate in all activities by this (Camp, Church, School, etc.) including occasional off-campus field trips (park, library, field trip to a specific destination or a neighborhood walk) while under the supervision of the Summer Camp Staff during the months of June through August 2017. I do further agree to hold and save harmless the staff and teachers of Reformation Lutheran Church and School from any suits, claims or demands of every kind and character arising out of or in connection with said function in which my child(ren) shall take part. I also hereby authorize any adult at this function to give emergency medical attention for my child(ren), should the need arise.

Additional Information:

My child(ren) is to be EXCLUDED from the following activities:

Child(ren)'s Medical Insurance Card Information (Insurance carrier and ID Number):

Signed: _____
(Parent or Guardian Signature)

Date: _____

Please attach a copy of driver's license and proof of car insurance to be put on file for any and all field trips the parents/guardians may participate in.