

PARENT/GUARDIAN PERMISSION FORM

WHO.....Church School, ages 6-12.

WHAT.....Camping trip.

WHERE.....Camp Alkor, Monkton, Maryland: Take 83 North to Mt. Carmel Road, Right on Mt. Carmel, right on York, immediate left on Monkton Rd., left fork onto Big Falls. Camp entrance on right, take left fork for Camp Alkor

WHEN.....Friday, May 18- Sunday, May 20, 2007

START TIME.....Friday, 7 PM RETURN TIME.....Sunday, 12 noon

COST.....\$20 for first camper, \$10 for subsequent children and adults

WHAT TO BRING.....See enclosed list

ADULT IN CHARGE/FIRST AIDER – Pat Disharoon, M.D.

PLEASE KEEP TOP HALF FOR YOUR RECORDS

RETURN BOTTOM HALF OF FORM

My child _____ has my permission to participate in the field trip to Camp Alkor.

_____ I am willing to drive for the event. My car holds _____ children, in seat belts, including my own child.

_____ I would like to attend with my child. Extra \$10 enclosed to cover camp costs.

_____ I will not be at home during this activity. In case of emergency, please contact _____ at _____.

My child is allergic to _____.

My child is on the following medications _____.

My child has the following chronic medical problems _____.

_____ My child has had all of his/her required Maryland school immunizations.

I hereby give permission for the staff of the Church School camping trip to authorize any necessary emergency medical care for my child(ren).

_____ date

_____ parent signature