Camp Chaverim

Permission Form

Parent's / Guardian's Permission Form for participation in Camp Chaverim Summer Camp Activities and Field Trips and Authorization for Medical Care

Parent's	s / Guardian's Signature	Date	
Print Pa	arent's / Guardian's Name	Date	
I have re	ead and agree to abide by the above rules.		
		n that all students participating in field trips must and from the field trip destination with their gro	
I unders	•	nergency Information Form when there is any c n will serve as my authorization for medical care	_
I agree to of the ac		ons and instructions of the camp personnel in ch	narge
-	ersons making the field trip shall be dee State of California for injury, accident, i	nia Education Code states in part: med to have waived all claims against the d illness, or death occurring during or by reas rip excursion."	
	Check here if instructions for special menoted on the Emergency Information For	edical treatment or special needs of the child rm.	d are
	nitial here if you believe your child is ab the campus (walking/bus).	ole to participate in Camp Chaverim field trip	os off
permiss	sion to participate in Camp Activities	and rield rrips.	
•	nild's Name)sion to participate in Camp Activities	nas my	<i>'</i>