

Permission Slip

Campers Name _____

Entering Grade _____ DOB _____

Parent Name _____

Permission is hereby granted to Summer Friends Day Camp to take my child on trips outside of camp as part of the regular camp program. I understand that this includes weekly scheduled day trips, as well as rainy day trips.

Parent Signature X _____

In the event that myself or my emergency contacts cannot be reached in the event of an emergency. I hereby grant permission for Summer Friends Day Camp to bring my child to the emergency room of Raritan Bay Hospital.

Parent Signature X _____

I hereby grant permission for photographs to be taken of my child on the premises of Summer Friends Day Camp. I understand that Summer Friends has the right to utilize these photographs in camp brochures or display photography.

Parent Signature X
