Beach Elementary Fourth Grade Camp Field Trip Permission Slip, Payment, & Emergency Contact Information

I give my permission for my child, named below, to attend Beach Elementary's Fourth Grade Camp Field Trip to Camp Pendalouan on Monday, June 11 to Wednesday, June 13, 2018..

Student Name To		eacher Name	
Cost of the trip (\$80) will be	paid using:		
Fundraiser Money (list amount)	Cash (list amount)	Check (list amount & attached to this form)	
Emergency Contact Informat	ion we should use if an	emergency situation arises:	
Parent Name			
Home Phone	Work Phone	Cell Phone	
If for any reason I cannot be below:	reached, you may relea	se my child to the authorized person(s) listed	
Second Party Name(s)		Relationship to Child	
Home Phone	Work Phone	Cell Phone	
MEDICAL INFORMATION: Please list all Allergies:			
My child takes medication req	gularly (circle one)	YES NO	
Name of Medication	Dosago	e Time Taken	
Reason for Medication			
Name of Medication	Dosag	e Time Taken	
Reason for Medication			
If more space is r	needed, please list additional	medications on the back of this form.	
Other "overnight" information	the teacher/chaperone.	s should know about your child:	
School Personnel are authoriz an emergency.	zed to take my child to	any hospital and/or physician in the event of	
Parent/Guardian Signature		Date	