



CAMP AHAVA 2015 FIELD TRIP PERMISSION FORM

I give
permission
for my
child:

My child's age:

to attend camp field trips as specified on the calendar and/or
authorized by the Camp Director

In case of a medical emergency, I understand every effort will be made to contact parents, guardians, or child's physician. A representative from the Camp may hospitalize and/or secure proper treatment for my child in case of a medical emergency, if in their best judgment further delay might interfere with the welfare of the child. I give permission to the physician/hospital selected by the Camp to admit and secure proper treatment for my child. I give permission for information to be released by Camp Ahava from my child's medical file in order to facilitate proper medical care. I agree that the Camp, its counselors, staff and any other person accompanying the group shall not be liable for any damage or injury(s) that my child may sustain.

Parent/Guardian's Signature:

Date:

Printed
Name:

Home Phone
Number:

Work Phone
Number:

Cell Phone
Number:

In case of an emergency if I cannot be reached, please contact:

Name:

Home
phone:

Address:

Cell:

My child
is
allergic
to:

Other
medical
issues: