

Cullman City Parks and Recreation
CAMP CULLMAN 2011
Field Trip Permission Form
Please print all information (unless otherwise stated)

CHILD'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

As the parent/guardian of the child named above, I understand that my child will have the opportunity to participate in activities away from the camp location. I have been given a list of the field trip sites and understand that transportation will be provided by CARTS or other transportation deemed acceptable by camp staff. I give permission for my child to participate in the following activities:

(Please circle Yes or No and sign each line)

1. Activities away from the building Yes No

Signature of Parent/Guardian: _____

2. Transportation provided by the facility Yes No

Signature of Parent/Guardian: _____

3. Water/Swimming activities Yes No

Signature of Parent/Guardian: _____

Field Trip Medical and Surgical Release Form
(Please sign either Part One or Part Two, NOT both)

PART ONE (if you agree to Part One, do not sign Part Two)

As the parent/guardian of the above named camper, I do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by any qualified physician selected by agents or officials of the Cullman City Parks and Recreation Department while my child is on a field trip. I understand that no action shall be taken until an attempt is made to contact me at the phone numbers listed below:

Home: _____ Business: _____

Signature of Parent/Guardian: _____

Date: _____

PART TWO (if you agree to Part Two, do not sign Part One)

As parent/guardian of the above named camper, I do not desire to sign the Medical and Surgical Release Form above.

Signature of Parent/Guardian: _____

Date: _____