



Camp O'Fun Walking Field Trip Permission & Health Statement

Permission for Camp O'Fun Walking Field Trips:

Name of Camper _____

It is school policy to obtain advance parental permission whenever students leave the school grounds - whether it is for a field trip, short walk around the block to view nature, a visit to the fire station or to the library, a walk to a nearby business establishment or a walk to another school.

We are asking you to sign a summer permission form to allow your child to accompany his/her camp counselor on nearby walking field trips. The counselor will report such activities to the director in advance and will exercise appropriate safety practices on all such occasions. Please complete the permission form to allow your child to participate in nearby walking trips while camp is in session.

____ Yes, my child named above has my permission to participate in Camp O'Fun's nearby walking field trips. I understand that the counselors will accompany the campers on all such occasions and that every precaution will be taken to ensure the safety for all.

____ No, my child named above does not have my permission to participate in Camp O'Fun's walking field trips.

Parent/Guardian Signature _____

Date _____

Health Statement

I attest to the fact that my child _____ is in good physical condition and that there have been no changes in his/her physical condition since undergoing a physical exam on:

Month/Year _____

My child has also received his/her required immunizations for school attendance ☐ Yes ☐ No

(If your child has not had a physical exam within the last year, you must complete the waiver form below).

He/ She is physically able to participate in the activities involved in the Camp O' Fun program and is free from any illness or communicable disease at this time. His/her specific limitations include (if none, type *none*)

Should any of the above conditions change, I will promptly notify the coordinator and staff.

Health Information: Include any allergies, food or otherwise, your specific to your camper.

Any other allergies or health concerns (if none, type *none*)

Parent/Guardian Signature: _____ Date: _____