

## ST. ALOYSIUS SUMMER CAMP FIELD TRIP 2014 PERMISSION SLIP

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

### To Whom It May Concern:

The undersigned parent(s)/legal guardian give permission for our (my) child has my permission to participate in the St. Aloysius sponsored Summer Camp and field trips supervised by St. Aloysius Summer Camp staff. I understand that it is my responsibility to sign my child up for all field trips on the appropriate sign in sheet with the staff and I am responsible for all field trip costs which will be posted weekly.

We (I) understand that field trips will take place at a location away from the school grounds, that the mode of transportation to and from the location will be either walking or bus, and that our (my) child will be under the supervision of St. Aloysius Summer Camp Staff. We (I) shall be liable for and agree to pay all costs and expenses incurred in connection with medical or dental treatment rendered pursuant to this authorization.

In case of a medical or dental emergency we (I) give our consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible. **The following information is provided for any licensed physician, dentist or hospital personnel not having access to our (my) child's medical history:**

Allergies: \_\_\_\_\_ Medication being taken: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of last Visit: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In case of an emergency during a field trip, we (I) can be reached by phone at:

MOM HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

DAD HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

Finally, in consideration for our (my) child's participation in this event, we (I) release, discharge and agree to hold harmless the Catholic Bishop of Spokane, his agents and employees from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or our (my) child while our (my) child is participating in this event.

*We (I) have fully read this form and sign voluntarily with knowledge of its terms and conditions.*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **SUNSCREEN POLICY**

During our summer day camp sessions we spend a large amount of our time outdoors. In order to minimize the effects of the exposure to the sun, we encourage parents to do one or more of the following:

- Provide your child with a cotton t-shirt for water play and sprinkler activities.
- Encourage your child to wear a hat to protect the face.
- Apply sunscreen prior to coming to camp each day and educate your child about how to apply sunscreen.

The St. Aloysius Summer staff will apply sunscreen SPF 30 or higher with your permission.

The following guidelines will be followed when applying sunscreen:

- Children 5 years and younger, staff will assist in application and will re-apply at appropriate intervals.
- Elementary age children, most children will be encouraged to apply their own sunscreen and will be reminded to re-apply at appropriate intervals, staff may assist younger children with application.

Please check the appropriate box and sign below:

I wish to have the St. Aloysius staff use their provided sunscreen on my child.

I will provide sunscreen for my child with my child's name on it, the St. Aloysius staff may assist in the application.

I do not wish to have sunscreen applied on my child.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_