

Spring Valley Field Trip Permission Form

Dear Parents:

As part of the **All About Fish Camp**, there will be several fishing excursions throughout the Park District. Below you will find a permission form for these trips. Please sign it and bring it with you on the first day of camp.

The camp will begin and end at Spring Valley Nature Center. Campers will be transported in a Park District vehicle.

Sincerely,

Mary Rice
Environmental Education Coordinator

All About Fish

Dates of the Camp: _____

I _____ give permission for _____
(Please print your name) (Print child's name)

to go fishing off-site within the Park District.

Parent's Signature



SPRING VALLEY NATURE CENTER *and* HERITAGE FARM

Schaumburg Park District

1111 E. Schaumburg Road, Schaumburg, IL 60194

847/985-2100

Dear Summer Program Participant Parent or Guardian:

Welcome to a Spring Valley Camp! We look forward to meeting your child and having fun. To make the experience more enjoyable and comfortable, here are a few tips.

- Tip #1:** Even though the weather may be hot, your child should wear **long** pants. Our hikes might take us through meadows with tall plants that can scratch.
- Tip #2:** Because of the amount of time we will be outside, we strongly advise that your child wear a sun visor and sunscreen. Please put the sunscreen on before coming to camp.
- Tip #3:** It will be hot, so you may want your child to bring a water bottle and backpack.
- Tip #4:** There will be insects! If you want your child to use insect repellent, please put it on before coming to camp.
- Tip #5:** If your child is in a camp that is four hours or longer, please send a sack lunch! You may also send a snack.

The Park District is concerned about the health and welfare of your child. Please fill out the Emergency Contact Form below and give it to the teacher on the first day of camp.

Thank you.

EMERGENCY CONTACT INFORMATION

Child's Name _____ Birthdate _____

Address _____

Phone _____ Name of Camp _____ Dates _____

Allergies (include food allergies) _____

Medications _____

Date of Last Tetanus Shot _____ Other Information _____

Doctor's Name _____ Phone _____

EMERGENCY CONTACTS

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Other Emergency Name _____ Phone _____

I understand that in case of an emergency every effort will be made to reach me or the above named people. If no one can be reached, I authorize the program staff to administer appropriate First Aid, transport my child to the nearest hospital, and secure the necessary medical treatment.

Signed _____ Date _____