

Centennial Christian Learning Center
19401 E. Chenango Dr.
Centennial, CO 80015
(303)693-5706

SUMMER DAY CAMP
PARENT PERMISSION FORM FOR FIELD TRIPS

This form must be completed and signed. In the event that we have an off campus field trip and this form is not completed, your child will be unable to attend

I/We give my permission for my child(ren) _____
(first and last name of child(ren))
to attend field trips with CCLC as they may occur.

I/We understand the following (please initial next to each line):

_____ Parents will receive information about said field trip no less than one week prior. Information will include; field trip location, cost, duration of time, transportation, and contact information

_____ Field trip expenses are to be paid for by the parents

_____ Emergency Information Cards must be completed with a current picture of your child(ren) in order for them to attend field trips

Please check below IF your child has sensitivity to:

Bee Sting Nuts Dairy Latex Other(please explain)

Please check below IF your child has:

Asthma Diabetes Kidney Injuries Seizure Disorder
 Heart Condition Other Medical Condition (please explain) _____

If your child has a severe allergy and an epipen is required by a physician, the epipen will need to be provided for the field trip.

Parent/Guardian Signature _____ Date: _____

Best phone number to reach you in case of an emergency: _____