

Camp Infinity - Field Trip Parent Consent Form

my child. I agree that if it is determined that my child needs medical or dental treatment; I will be responsible for any such treatment determined by physician or dentist. Parent Signature & Date Work Phone: Home Phone: Other Phone: Other Phone:	I hereby give permission for my c	hild		to go to
Reporting Time to School: Estimated Departure Time: Estimated Return Time: Adults in charge: In granting this permission, I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment; I will be responsible for any such treatment determined by physician or dentist. Parent Signature & Date Work Phone: Home Phone: Other Phone:			on	Transportation
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	Work Phone:	Home Phone:	Other Pho	one:
			please do not send the	child to the camp as no