

Sussex County YMCA Teen Camp Summer 2009 - Field Trip Permission Form

Parent Information

Join our Teen Camp counselors and campers on an all day trip to Sandy Hook beach!

Date: **Thursday, July 16, 2009**
 Destination: **Sandy Hook Beach, NJ**
 Cost: **\$40.00**

Please drop your teen off at the Sussex County YMCA by **8:30am**
 Please pick-up your teen at the Sussex County YMCA at: **7:00pm**

*****NO Credits, Refunds, or Make-ups will be issued for trips missed due to late drop-offs, disciplinary action, or personal reasons.***

Please ensure that your teen dresses in a "YMCA appropriate fashion" and according to the weather.
 Please be sure your teen packs the following items in his/her backpack for the trip:

1. Bathing Suit
2. Water Shoes/Sandals
3. Sunscreen- minimum 15 SPF
4. Beach Toys!
5. Dry Clothes
6. 2 Drinks
7. A bagged lunch
8. 1 Plastic bag



-----Please cut on line and keep top half-----

Please return me to Teen Camp Staff!

I, *(Parent/Guardian)* _____, give my teen,

(Teen's first, last name) _____, permission to participate

in the Sussex County YMCA's Teen Camp field trip to: **Sandy Hook beach** on **Thursday, July 16, 2009**,

we will depart the Sussex County YMCA, **by bus**, at **8:30am** and return **by bus** to the Sussex County YMCA for **7:00pm**.

*****NO Credits, Refunds, or Make-ups will be issued for trips missed due to late drop-offs, disciplinary action, or personal reasons***

Print Parent/Guardian Name

Signature Parent/Guardian

Date

**In the event of an emergency or a change in departure/arrival time due to special circumstances
 we may reach you and/or an emergency contact at the following phone numbers:**

Parent/Guardian Home Phone #

Parent/Guardian Work/Cell Phone #

Emergency Contact's Name

Emergency Contact's Home Phone #

Emergency Contact's Work/Cell Phone #

Teen Summer Field Trip 2009

Participant Information

Teen's Name: _____ Gender: _____ Date of Birth: _____

Teen's E-mail Address: _____ Grade Sept 09: _____

Home Address (Street, Town, and Zip): _____

Home Phone: _____

Full Name of Parent/Guardian: _____

Home Address: _____ Home Phone: _____

Employer: _____ Work: _____ Cell: _____

Full Name of Parent/Guardian: _____

Home Address: _____ Home Phone: _____

Employer: _____ Work: _____ Cell: _____

Emergency Contacts:

In case of emergency, contact parent 1st: _____ # _____

Adults (other than Parents) who may be called in the event of an emergency situation:

1. Name: _____ Cell Phone: _____

Relation to Child: _____ Home Phone: _____

2. Name: _____ Cell Phone: _____

Relation to Child: _____ Home Phone: _____

Medical Information

List any medical conditions, injuries, sickness, allergies or diseases which are currently under the care of a physician:

Current treatments and restrictions due to above:

List any medications your child is taking:

Medications to be administered must be in original container accompanied by written and signed instructions of the parents or doctor. Participants may not carry medications.

Are there any activities your child should be restricted from?

Does your child have any other special needs the staff should be aware of?

Child's physician and address _____

Phone # _____

Health Insurance

ID #: _____

Group #: _____

Parent/Guardian Consent

I give my teen _____ permission to attend the

Sussex County YMCA Teen Camp 2009 and all activities and trips associated with that camp.

In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the Sussex County YMCA/Metro YMCAs of the Oranges to transport, hospitalize, secure proper treatment for, and to order injections, x-rays, routine tests, anesthesia or surgery for my teen and to release any records necessary for insurance purposes.

YMCA is not responsible for lost or stolen personal items, including electronic devices. Electronic devices are not permitted except during specifically designated free times. I understand that if my teen does not adhere to the rules of the Sussex County YMCA Teen Camp, he/she may be sent home and at my expense if necessary. The YMCA reserves the right to dismiss a teen whose conduct is not in the best interest of the total group. I agree that certain activities at the YMCA have risks which are inherent to the activity. I agree to indemnify and save harmless the YMCA from any claims and demands arising out of any such injuries or losses. I have read all of the information contained and I am fully aware of all of the terms and principles contained therein. All questions have been answered to my satisfaction. I give the Metropolitan YMCA of the Oranges permission to use any and all photographs taken of my teen in activities in YMCA publicity.

Parent/guardian

Print Name

Signature

Date

Please complete the form below if your teen requires medications to be dispensed by YMCA staff.

Teen Summer Field Trip 2009 Parent/Guardian Authorization to Medicate

Teen's Name: _____

I authorize the above named teen to have medication dispensed at the YMCA by authorized personnel according to the instructions below.

Parent/Guardian Name (print) _____ Signature: _____

Date: _____

Name of Medication _____

Condition for Which Medication Is Being Used _____

Cautionary Information Specific to the Medication _____

Dosing Instructions:

When to administer _____

Dosage _____

How to administer _____

Other instructions _____

ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER WITH THE PRESCRIBING DOCTOR'S NAME, ADDRESS AND PHONE #.

Parent/guardian

Print Name

Signature

Date