

Field Trip Permission Slip

Locations: (check all that apply)

- | | | |
|--|--|--|
| <input type="radio"/> 5/30-Tampa Bay Skating | <input type="radio"/> 6/27-Tampa Bay Skating | <input type="radio"/> 7/25-Tampa Bay Skating |
| <input type="radio"/> 6/6-Water Works Park | <input type="radio"/> 7/4 – Water Works Park | <input type="radio"/> 8/1-Water Works Park |
| <input type="radio"/> 6/13-Florida Aquarium | <input type="radio"/> 7/11-Florida Aquarium | <input type="radio"/> 8/8-NO TRIP |
| <input type="radio"/> 6/20-Sulfur Springs Pool | <input type="radio"/> 7/18-Sulfur Springs Pool | |

***Campers will need a paper bag lunch**

The Westchase Summer Camp will be attending a field trip as follows:

- **Mode of Transportation:** Recreation Express School Bus
- **Time:** 10:00am - 4:00pm
- **Cost:** \$30 (payable online)

I _____ give my child, _____,
Parent/guardian name child's name

permission to attend the field trip to _____ on **Thursday**,
location

_____/_____/2024 from **10:00am to 4:00pm** with the Westchase Summer Camp Program. I
day month year

give permission for my child to receive emergency medical treatment.

By signing this permission slip, I also acknowledge that the "**RELEASE (SUMMER CAMP PROGRAM COMMERCIAL ACTIVITY FOR MINOR)**" that I signed and submitted to Westchase Community Association covers the field trips my child or ward may attend.

Emergency Contact Name: _____ **Phone Number:** (____) _____ - _____

Parent/ Guardian Signature: _____ **Date:** _____