CITY OF BERWYN RECREATION SUMMER CAMP

TRANSPORTATION PERMISSION SLIP

NAME OF CHILD: _____

AGE OF CHILD: _____   **DOB:** _____/ _____/ _____

PARENT/LEGAL GUARDIAN NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

_____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

I/We_____

(print Legal Guardian/Parent'(s) Name)

give permission for my child, _____.
to participate in the field trip organized by the City of Berwyn Recreation
Summer Camp. I understand that this activity will involve transportation, and I
give my consent for my child to be transported in a vehicle provided by the City
of Berwyn Recreation Center and/or a contracted transportation service
(LakeView Bus Lines).

I understand that the mode of transportation may include buses, vans, or cars,
and that the transportation may take place on public roads. I understand that
the City of Berwyn Recreation Department will take all necessary precautions to
ensure the safety of my child during transportation

In the event of an emergency during the transportation, I authorize the City of
Berwyn Recreation Department or contracted transportation service to seek
medical attention for my child if needed. I understand that I will be notified as
soon as possible if such an emergency occurs.

I acknowledge that I have read and understand this permission slip, and I agree
to all of its terms and conditions.

Date: _____/_____/_____   **Signature:** _____

NAME OF CHILD: _____

AGE OF CHILD:_____   **DOB:** _____/ _____/ _____

PARENT/LEGAL GUARDIAN NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

_____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

I/We_____
       (print Legal Guardian/Parent'(s) Name)

**give permission for my child, _____.
to participate in field trips in the area that require staff and children in the
Berwyn Recreation Summer Camp to walk. These walking field trips are
organized by the City of Berwyn Recreation Summer Camp Staff. I understand
that this activity will involve walking in public areas on sidewalks and involve
crossing through intersections. The Berwyn Recreation Staff will take all safety
precautions and cross only with a traffic signal or with the guidance of a crossing
guard.**

**In the event of an emergency during the walking field trip, I authorize the City of
Berwyn Recreation Department Staff to seek medical attention for my child if
needed. I understand that I will be notified as soon as possible if such an
emergency occurs.**

**I acknowledge that I have read and understand this permission slip, and I agree
to all of its terms and conditions.**

Date: _____/_____/_____   Signature: _____