

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: ____/____/2026 Signature: _____