



CITY OF BERWYN RECREATION SUMMER CAMP

WALKING FIELD TRIP 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 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: ____/____/2026

Signature: _____