



Parental & Medical Authorization for Minor Participation in field trip

_____ has my permission to participate in the voluntary activity as
(print student name)
described on the "Permission Slip for Camp NAWIC".

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent /guardian.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by under the supervision of a member of the medical staff of the hospital of facility furnishing medical or dental services.

- My child takes no medications.
- My child will be taking prescription or over -the-counter medications while on the field trip. The MAGIC Construction Summer Camp Permission Slip has been completed and is attached.
- A description of any medical problem is attached.

In the event of I am not available in an emergency, please notify:

Name/Address/Phone

My child's doctor is _____

Doctor's Address _____ Dr.'s Phone _____

Medical Insurance Carrier (Address) _____ Policy No. _____

Parent/Guardian's Signature _____ Date _____

Printed Name _____ Phone _____

Address _____ Date of Birth _____

Student's Signature _____