

# Camp Grady Spruce Permission Form

## Blanton Elementary 5<sup>th</sup> Grade

Dear Parent/ Guardian:

Please read the information below regarding an upcoming field trip for your child's class. You must give written permission on this form in order for your child to participate. The school will take all reasonable precautions in supervising the trip. Please sign the permit in the space provided below, complete the health/emergency information, and return to your homeroom teacher **no later than October 27th** .

For safety and security reasons,

- Students will be directly responsible to those teachers sponsoring and monitoring the activity from time of departure until return.

**This form must be returned before your child is allowed to participate. If you do not want your child to go on the field trip, arrangements will be made for your child to remain on the school campus.**

\_\_\_\_\_ has my permission to go on a field trip to Camp Grady Spruce in  
Student (first and last name)

**Graford, Texas**, for the purpose of **Environmental Education**, with the following teachers/sponsor(s) in charge: Administration (Linda Bozeman or Landon Turrubiarate) and 5<sup>th</sup> Grade Teachers- Angie Passons, Tracey Brent, Chris Ryal and Doug Mauldin.

Approximate Departure time and place: **9:00am from Blanton on Dec. 11<sup>th</sup>, 2017**  
Estimated time of return is **3:00pm at Blanton on Dec. 13<sup>th</sup>, 2017**

I understand that the transportation to and from will be provided by **Gotta Go Express Trailways, Inc.**

**The cabins have bunk beds with railings and students can choose to sleep on a top or bottom bunk. If you do not want your child to sleep on a top bunk please sign below and we will ensure they sleep on a bottom bunk.**

I do not want my child to sleep on a top bunk. \_\_\_\_\_  
Parent/guardian signature (only if you do not want your child on top bunk).

**I give permission for the teachers to administer the following medications while at camp:**

Name of medicine(s) \_\_\_\_\_

**List any allergies to medicine, food, or insects:** \_\_\_\_\_

**If there is an emergency regarding my child, I will be able to be contacted at the following numbers during the time of the field trip:** home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

**If I am NOT able to be contacted, I give permission for \_\_\_\_\_ to be contacted**  
**(name and relationship)**

**at (list all numbers)** \_\_\_\_\_

In the event of a health emergency, I understand an ambulance may be called at my expense if I am unable to be contacted. I give permission to seek emergency care/treatment for my child to the teachers/sponsors.

Parent/Guardian signature \_\_\_\_\_ Date of Signature \_\_\_\_\_