

# MAYWOOD SUMMER CLUB 2010



## Field Trip Permission

Where:

<i>Date</i>		<i>Time</i>	Leave 8:45 am sharp - Return by 3:00 pm
<i>Location</i>	Depart from Memorial School		
<b>Cost</b>	<b>No cost to Summer Club Child</b>		
<i>Transportation</i>	Provided by summer club		
<i>Notes</i>			

**Please return this permission slip  
by:** \_\_\_\_\_



I give permission for my child, \_\_\_\_\_  
to attend the field trip  
to \_\_\_\_\_ on \_\_\_\_\_  
from 8:45 am sharp to 3:00 pm  
\_\_\_\_\_ Grade in September 2010: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_