

Chevy Chase Summer Kids' Program

PROGRAM REGISTRATION AND FIELD TRIP PERMISSION SLIP

I give my child permission to participate in the Chevy Chase Summer Program. I understand that during the program, the Chevy Chase Center will be taking the youth on several field trips and give my consent and permission for my child to attend and or participate. Having full confidence that all reasonable precautions will be taken to ensure the safety of the below listed child on these activities, I authorize his/her participation and waive all claims against the leaders of the trips, officers, agents, and representatives of the Chevy Chase Community Action Council, Inc., any sponsor, or members and employees of the organization.

Child's Name

Grade

Date of Birth

Parent / Guardian Name (Please print)

Signature

Home Address

City

Zip

Home Phone

Cell Phone

Work Phone

*Please circled preferred number.

EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name

Relationship to child

Phone

Does your child have health coverage? _____ Yes _____ No

Name of Medical Insurance

Policy / Insurance #

Medical history that may be of importance

Medication child is taking (Use back if needed)

List of any Allergies (Use back if needed.)

Name of Child's Doctor

Doctor's Phone Number

*In case of an emergency involving my child, I give permission for the Chevy Chase Center staff to seek emergency medical treatment for my child and to act as guardian in permitting medical treatment if unable to reach me.

I understand that all emergency and/or medical costs are my responsibility.

Parent / Guardian Name

Signature

Date