

I give permission for my child(ren)/ wards _____

to participate in the excursion to Camp Scugog Clean up Day on **Saturday May 12, 2018.**

Please note any allergies/medical conditions which may require special attention during the excursion: _____

Emergency contact: _____

Emergency phone number **day of excursion:** _____

OHIP number _____

I wish to volunteer on this trip to Camp Scugog on Saturday May 12, 2018 ___ **YES**

Should it become necessary for my child/ward to receive medical care, I hereby give the trip coordinator permission to use his/her best judgement in obtaining such services. I understand that I will be notified as soon as possible and that any cost incurred will be my responsibility.

By signing this form, I acknowledge on behalf of myself and my child/ward, that we will not hold Fairlawn Avenue United Church, its officers, trustees, volunteers or staff, or their heirs or successors, liable for any loss, damage, injury, death or claims relating to this activity, nor will we pursue a claim against any party who could make such a claim against any of the above.

Name of Parent/Guardian: _____ (please print)

Signature: _____ Date: _____

Email address: _____