



# Field Trip Permission Slip



<i>Date</i>	Wednesday, July 27 (Week 6)
<i>Location</i>	Lost River Caverns, Hellertown, PA (K - 3)
<i>Cost</i>	\$30 per camper
<i>Transportation</i>	First Student
<i>Notes</i>	Campers will tour the underground caverns and pan for gems at the mill. Do not send money, campers will not be visiting the gift shop. <b>Pack a lunch.</b>

I give permission for \_\_\_\_\_ in camp grade \_\_\_\_\_

to attend the field trip to Lost River Caverns on Wednesday, July 27

My camper has allergies (please list): \_\_\_\_\_

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 \_\_\_\_\_

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

Parent/Guardian Signature

Date