

Summer Program Permission Slip

All students will go on field trips. Transportation will be provided via commercial vehicles. We will make every effort to make these trips safe and enjoyable.

I/We, _____ (Parent/Guardian) give permission for _____ (Child) to participate in all summer field trips with Antioch Child Care Centers. I release Antioch Child Care Centers and any of its employees from any liability in the event of an accident in route, during, or returning from any field trip.

In case of emergency, I/We may be reached at _____
Alternate contact (when the parent/guardian cannot be reached):

(Name)

(Telephone Number)

Water Safety/Swimming

- | | |
|---|-----------|
| 1. My child can swim. | YES or NO |
| 2. If yes, has this child taken swimming lessons? | YES or NO |
| 3. If yes, how many years? | _____ |
| 4. My child has permission to participate in wading activities. | YES or NO |
| 5. My child has permission to participate in swimming activities. | YES or NO |

I understand that the children will be supervised at all times by Antioch Child Care Center's staff. Only wading and swimming facilities meeting applicable local standards will be used.

(Parent/Guardian Signature)

(Date)