

**Racine ELCA Neighborhood Camp**  
**Living Faith Lutheran Church - Field Trip and Special Activities Permission Form**

As the parent/guardian of \_\_\_\_\_, I give my permission to the Racine ELCA Neighborhood Camp at Living Faith Lutheran Church for the following special field trip needs. This is not an all- inclusive list, but includes some of the special activities in which my child may be involved.

**Please initial those items that your child has permission to do.**

- \_\_\_\_\_ Walk downtown, or in the church neighborhood under the supervision of staff.
- \_\_\_\_\_ Ride in an adult employee car only in the case of sickness or emergency. Children are required by law to use a seat belt.
- \_\_\_\_\_ Travel on public transportation (school bus, train, trolley, boat) with the staff and other children of the Racine ELCA Neighborhood Camp.
- \_\_\_\_\_ Play at the beach and Kid’s Cove playground with staff supervision. Swimming is **not allowed**.
- \_\_\_\_\_ Participate in field trips that require extended walking (the zoo, downtown and museums) My child is physically able to do this.

**I give permission for camp staff to:**

- \_\_\_\_\_ Apply sunscreen as needed. My child can use any brand.
- \_\_\_\_\_ Apply sunscreen as needed. My child can only use a specific brand, which I will provide.
- \_\_\_\_\_ Apply insect repellent as needed. My child can use any brand.
- \_\_\_\_\_ Apply insect repellent as needed. My child can only use a specific brand, which I will provide.

**Please indicate medications your child is taking/allergies your child has.**

- \_\_\_\_\_ My child requires an inhaler and has one in his/her possession.
- \_\_\_\_\_ My child has no known food or airborne allergies.
- \_\_\_\_\_ My child has no known allergies to medications or topical ointments.
- \_\_\_\_\_ My child uses medication on a daily basis. (Please indicate type of medication, the dosage and if the medication needs to be administered while camp is in session.)

**Permission to walk home:**

I give my permission to the Racine ELCA Neighborhood Camp at Living Faith Lutheran Church to dismiss my child at the end of the day as indicated below:

- \_\_\_\_\_ My child does NOT have permission to walk home.
- \_\_\_\_\_ My child has permission to walk home on some occasions. I will call/text on days (s)he is allowed to walk home.
- \_\_\_\_\_ My child may walk home with the person(s) listed below.  
\_\_\_\_\_
- \_\_\_\_\_ My child may walk home alone.

If your child has **any known allergies** to anything (food, medications, lotions, etc.) please list what they are and if there are any other precautions the staff should take for the safety of your child.

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(Parent/Guardian Signature)

(Date)

Day time phone in case of emergency: \_\_\_\_\_