



SCHOOL AGE SERVICES
ON POST TRIP PERMISSION



Field Trip To: Activities On Post that require transportation by van(s) or shuttle (i.e. bowling, movies, Delafield, Building 500). Weather permitting, children may have the option to walk On Post within the Staff/Child ratio.

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My Child/Children, _____ may participate in the field trip.

*Parents who do not want their child(ren) to participate in a field trip are responsible for making alternate child care arrangements for that period of time.

Allergies: _____

Phone number at which parents can be reached:

(1) _____ (2) _____

All Emergency Contact information is kept on file. It is the Sponsor's responsibility to notify School Age Services if any information changes.

Sponsor Consent: I _____, Parent / Guardian of _____ Printed Name

_____ give consent for an authorized CYSS representative to take my child(ren) for care, (medical or dental), in an emergency situation where the child's condition represents a serious or imminent threat to his or her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action, and the expense, if any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, ¶2-24b.

DATE: _____ PARENT'S SIGNATURE: _____

West Point School Age Services does not carry supplemental insurance to pay medical costs in the event that child is injured while participating in our activities. Military dependents are authorized care from Keller Army Community Hospital or CHAMPUS. Those not authorized care from Keller, or parents who desire additional coverage, will need to make arrangements privately.

School Age Services | 693 Washington Road | West Point, New York 10996 | 845.938.8530



2010
West Point School Age Services
Sunscreen Permission Slip



_____ has permission to
(Child's Name)
bring sunscreen lotion to summer camp, as well as to apply
it to his/her self for the months of June, July and August
2010.

I understand that his/her first and last name must be written
on the bottle of sunscreen and it will be given to my child
when they need to apply it. I understand that he/she will be
supervised while applying sunscreen as well as given
assistance when needed.

I understand:

- 1) The sunscreen requirements are:
 - PABA and fragrance free
 - SPF 30 or higher
 - Provide UVA ray and UVB ray protection
 - May not contain insect repellent

- 2) I must apply the first application before drop-off in the
morning. My child will apply, with assistance, a second
application before afternoon outdoor free play.

- 3) I must provide a bottle of sunscreen to be kept at the
School Age Services building and must replace it when the
time comes.

(Parent/Sponsor Signature)

(Date)

