

**JACKSON SCHOOL DISTRICT
JACKSON CHILD CARE ACADEMY
SUMMER 2020 CAMP
PERMISSION FOR TRIPS**

My child (ren)

has (have) permission to participate in the following:

PROGRAMS @ Crawford Rodriguez: JACKSON CHILD CARE ACADEMY – SUMMER 2020 CAMP being either full day Summer Camp 2020; Afternoon Camp (for ESY Students); Afternoon Camp (for Summer Learning Students)

FIELD TRIPS / MOVIE OUTINGS as scheduled by Jackson Child Care Academy – Summer 2020 Camp Staff specific to grade level group (see 2020 Tentative Summer Camp Trip List)

Please note: All trips are subject to change due to weather and/or any unforeseen circumstances.

This is to certify that my child (ren) named above has (have) permission to participate in the specified trip(s) and to travel off school grounds with the group for the purpose of participating in the group's activities and events. I understand that, if circumstances warrant, including in case of disciplinary infractions, I may be contacted and requested to transport my child home prior to the end of the trip(s). I understand, further, that a separate consent form (waiver, release, hold harmless) requiring signature may be provided by a scheduled facility. These forms will be distributed and collected on-site by the appropriate Child Care Academy Lead Teacher.

I knowingly and voluntarily agree to waive any and all claims for liability, loss, injury, damages, or expenses which my child (ren) and I may have against the Jackson Township Board of Education, collectively and individually, and its agents, employees and chaperones resulting in any way from participation in the listed activities and related transportation.

I have read and understood the above policy and give permission for my child (ren) to participate in the above-referenced program. I authorize the release of the information contained in this form to the responsible program advisor/trip chaperone. In the event of a medical emergency, I authorize the Jackson School District and its faculty member in charge of my child (ren), to obtain all necessary medical care and further authorize any licensed physician and/or medical personnel to render all necessary medical treatment.

Parent / Guardian Acknowledgement/Agreement Signature:

Date: _____