



EMMANUEL'S KIDS VBS Summer Camp 2025



PERMISSION SLIP

My child _____, has my permission to be transported to **ALL** Summer Camp Field Trips as outlined on the Weekly Field Trips Activities Calendar (attached) unless I state otherwise in writing in advance of field trip(s).

X _____
Signature of Parent or Guardian

Date

PARENT AFFIRMATION OF INFORMATION

I affirm that I have reviewed the Emmanuel's Summer Camp Packet in full and I agree to the policies and Procedures as written.

X _____ Date _____