



**PERMISSION SLIPS**

**PERMISSION FOR WALKING TRIPS**

I give permission for my child \_\_\_\_\_ to participate in walking trips within the Hoboken, Union City and Jersey City neighborhoods. I understand these walks, do not involve entrance into any facility and the route of any walk involves no safety hazards.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION FOR EMERGENCY MEDICAL CARE**

In order to meet all legal requirements, I hereby authorize representatives of the programs sponsored by Community Lifestyle to give my consent for any and all necessary emergency medical care for my child while he/she attends programs sponsored Community Lifestyle Summer Program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION FOR TRANSPORTATION**

Programs sponsored by Community Lifestyle has my permission to transport \_\_\_\_\_ on excursions, planned trips and late transports from the main facility to off-site Community Lifestyle facilities and from off-site facilities to the main facility in Hoboken. I understand that all precautions will be taken to ensure the safety and health of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_