



Youth and Family Services
 322 MAIN STREET
 OLD SAYBROOK, CONNECTICUT 06475
 (860) 395-3190 · FAX (860) 395-3189
 www.oldsaybrookct.org/youth

PARENT PERMISSION FOR YAC Field Trip

Destination: *Lake Compounce – Haunted Graveyard*

Location: Bristol, CT

Date: Friday, October 18th, 2019

Departure Time: 5:00 pm from OSHS

Return Time (estimated): 11:30 pm OSHS

Participation cost: \$40.00 per YACer – includes transportation, supervision, park soda, entrance into park and haunted graveyard.

Students will be responsible for any additional incidentals (i.e. food, beverages, games) they may wish to acquire throughout the trip.

Chaperones: YAC Advisors - Heather McNeil Wendy Mill, Chelsea Graham, Brittany Eckert

Student's Name: _____

Grade: _____ **Date Of Birth:** _____

Student's Cell Phone Number: _____

Parental/ Guardian Contact Information

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

I hereby give my son/daughter (print name) _____ permission to travel to the destination listed above. I understand that this trip has been approved by Youth and Family officials and that my son/daughter shall abide by the rules and regulations as set forth by the Director of Youth and Family Services relative to this trip.

Should an emergency arise, I hereby give all chaperones of this trip (listed above) permission to arrange for immediate treatment. Parents/guardians will be notified immediately. In the event that neither parent/guardian can be reached, I grant authority to the above stated chaperone to act in a medical emergency and secure medical attention at a nearby medical facility.

Parent/Guardian

Signature _____

Date _____