



Walking Trip Permission From

I give permission for my child/ren to go with the Township of Wellington North Day Camp Program when they travel on foot, off property, for various activities such as nature hikes, swimming, library visits, short field trips, etc.

I understand that they will be supervised by the Day Camp Staff and will return to the day camp location by 4:00pm on each occasion.

These trips will be indicated in the calendar schedule.

If I do not want my child/ren to participate in a certain trip, I will send a note prior to the trip day and my son/daughter will remain on the property under the supervision of an instructor. Any medical precautions or conditions that should be noted or watched for on the trip will also be indicated in a note prior to the trip day.

Child/ren's Name(s): _____

Day Camp Location:

- Arthur Location – Summer Day Camp Program
- Damascus Location - Summer Day Camp
- Mount Forest Location – Summer Day Camp

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____