

**WEST POINT YOUTH SERVICES
FIELD TRIP PERMISSION AND ENTRANCE TICKET**

NAME OF PARTICIPANT: _____

DESTINATION: CYSS BOAT RIDE

DATE: Wednesday, August 22th, 2018

TIME: 1:30 pm - 4pm

I authorize my child to walk home from this event. (Please initial in box if applicable).

PLEASE INDICATE IN SPACE BELOW ANY MEDICAL CONDITION(S) (I.E. ALLERGIES, MEDICATIONS, ETC.) THAT WOULD AFFECT PARTICIPATION:

» _____

I, _____ Parent / Guardian of _____
give consent for an authorized Youth Services representatives(s) to take my child listed above for medical and / or dental care in an emergency situation where the child's condition represents a serious or imminent threat to his or her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, ¶2-24b.

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

(Home/Cell)

(Work Telephone)

EMERGENCY NOTIFICATION (ONLY IF YOU CANNOT BE REACHED FIRST):

(Printed Name)

(Home/Cell)

(Work Telephone)

West Point Youth Services does not carry supplemental insurance to pay medical costs in the event that child is injured while participating in our activities. Military dependents are authorized care from Keller Army Community Hospital or TRICARE. Those not authorized care from Keller, or parent(s)/guardian(s) who desire additional coverage, will need to make arrangements privately.

Due to the age of our youth and the belief in fostering independence, YS field trips do not require that youth are in direct line of sight of adults at all times. Youth are required to utilize the buddy system when on field trips and an adult will always be available at one previously determined location. If you have questions or concerns regarding this, please contact Youth Services Management at 845-938-0829/3550.