



Medical Release/Field Trip Permission Form

I hereby give permission for my child to participate in the Step By Step activities and field trips, including community outings taking public transportation (Big Blue Bus), and hereby release and discharge Step by Step Early Childhood Development Program and each and all of their agents and employees from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained because of my child's participation in these activities. Should it become necessary for my child to receive medical treatment while participating in these activities, I give Step by Step camp personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the camp personnel to render medical treatment deemed necessary and appropriate by the physician.

I understand, and agree to the above.

Child's Name: _____

Parent/Guardian Signature: _____

Please Print Name: _____

Date: _____