

KIBBUTZ FIELD TRIP/OVERNIGHT - SESSION TWO PERMISSION SLIP

There will be a **Kibbutz overnight for your child on Thursdays, July 10, 17 and 24, 2008.** We will provide your child with supper as well as breakfast and lunch on the following day. All food is Kosher. If your child requires vegetarian meals, please call Suzanne Horne, Kibbutz Program Director, at (651) 423-1485.

If an emergency were to occur during the overnight, we will contact you at the emergency number listed below. Depending upon the nature of the emergency, we may require that you pick up your child at camp. If you need to contact your camper in the event of an emergency, please call Camp Butwin at (651) 423-1485, or call the JCC (651) 698-0751 and have the Camp Director paged as soon as possible.

EQUIPMENT TO BRING FOR TRIP:

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| <p>_____ Sleeping bag (or 3 blankets & a waterproof groundcover)</p> <p>_____ Flashlight</p> <p>_____ Toothbrush & hairbrush</p>
<p>_____ Extra socks</p> <p>_____ Bathing suit</p> <p>_____ Old clothes & jeans for the evening</p> | <p>_____ Towel</p> <p>_____ Warm jacket (if needed)</p> <p>_____ Sweatpants & Sweatshirt (or something lighter to sleep in if weather is hot)</p>
<p>_____ Raincoat</p> <p>_____ Camp clothes for the next day</p> <p>_____ Insect repellent</p> |
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Please do not let your children bring more equipment than what is listed, as transporting it can become a problem.

If you change your plans for any trip notify camp so we can update our records.

PLEASE RETURN THE BOTTOM OF THIS FORM TO YOUR CHILD’S COUNSELOR BY WEDNESDAY, JULY 9. WE MUST HAVE A SIGNED FORM IN ORDER TO PARTICIPATE.

Child’s name: _____ Group #: _____

Child’s bus stop: _____ Emergency Telephone _____

Please check appropriate box indicating YES or NO for field trip permission

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|---------------------------|-------------------------|------------------------------|-----------------------------|
| • Thursday, July 10, 2008 | at camp | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Thursday, July 17, 2008 | Saints Game | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Thursday, July 24, 2008 | Apple Valley Water Park | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

My child will need medications during this overnight. YES NO

Please be sure to send medications in original bottle the day prior to the overnight to allow our Nurse to properly and safely plan.

(Signature of parent or guardian)