

Water Activity Authorization Form

Stepping Stones School Summer Program

Section to be filled out by Parent/ Guardian

Name of Child

My child has authorization to participate in water activities on the following dates. All water activities will take place at

Stepping Stones School, 1 Partridge Lane, Derry, N.H.

Please initial the week(s) your child will be attending camp.

Week 1

Week 2

Week 3

Please describe your child's swimming ability and whether or not your child is afraid of swimming or being near the water.

Parent/ Guardian Signature _____

Date: _____