



# Parent Permission Form 2018 Summer Camp

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Guardian/Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Does your child have any medical problems, or allergies that we should know about ?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain:

Is your child on any medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe the kind of medication, dosage, frequency and administration by whom is authorized.

## EMERGENCY CONTACT:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

## MEDICAL EMERGENCIES:

In the event I cannot be reached in an emergency, I give my permission to the physician selected by Campanella Children's Center or their agent to provide emergency care.

Initial \_\_\_\_\_

## STUDENT ARRIVALS/DEPARTURES:

- I understand I am responsible for **checking-in** my child/children every class/camp day at their classrooms.
- I understand that I am responsible for **picking-up** my child/children at their classroom **on time** at the end of the school day.
- I understand that Campanella Children's Center **will not** be responsible for my child/children if they are not checked-in and picked-up properly and by the procedures that have been established by Campanella Children's Center.

Initial \_\_\_\_\_

## PROGRAM ADVERTISING/PROMOTION:

