



St. Francis Xavier Catholic Schools  
2020 SUMMER CARE PERMISSION FORM

Dear Parent(s)/Legal Guardian:

Please carefully review the information regarding your child's attendance in the XCS Summer Care program.

We want to ensure a safe and fun environment for all children attending camp and by acknowledging and granting your permission in the following areas, we will be on our way to creating an exciting, memorable experience! Please initial where appropriate. Thank you!

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

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\_\_\_\_\_ **Health Record:** I/we acknowledge that our child is in good health and her/his immunizations are current. Further, any health restrictions, allergies, medications taken by the child, or any other needs, are noted below.

\_\_\_\_\_ My/our child carries an epi-pen. I am attaching an allergy action plan.

\_\_\_\_\_ My/our child carries an inhaler. I am attaching an individual medical action plan.

Health Record Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Sunscreen Application:** I/we understand it is our responsibility to apply sunscreen to my child before s/he comes to Summer Care. However, staff have permission to supervise and teach my child(ren) when reapplication of sunscreen is needed. Further, I/we understand Summer Care Staff are not to apply sunscreen to children, but will assist and guide children as needed.

\_\_\_\_\_ **PG Movies:** I/we understand PG movies will be viewed and that Summer Care staff take measures to show the most appropriate for the ages of children.

\_\_\_\_\_ **Do Not Photo:** We will make every effort to not have your child(ren) photographed and we will not use photos they may be in. (only initial if you do not want your child photographed)

\_\_\_\_\_ **Walking Field Trips:** Summer Care children will be going on walking field trips staff plan day by day. I/we grant permission for our child/ren to attend these field trips. No flip flops.

☐ **Water Bottle:** is recommended. Children may be taking them on field trips and will be their responsibility. Please label each bottle.

\_\_\_\_\_ **Swim:** I/we give permission for my/our child/ren to swim at Erb Pool. I/we give permission for him/her to swim in the pool as directed by Summer Care supervisors on days when weather is cooperative.

Parent/Legal Guardian: \_\_\_\_\_  
First Name Last Name

Parent/Legal Guardian: \_\_\_\_\_  
Signature Date