



# PARENT'S CONSENT FORM

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**Please print all information clearly**

Name of Child(ren): \_\_\_\_\_ Today's Date \_\_\_\_\_

I give permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived and can be used for promotional purposes without notification.

Parent/Guardian's Signature: \_\_\_\_\_

I give permission to walk my child off park property for the purpose of a fieldtrip to the library and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: \_\_\_\_\_

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved.

Parent/Guardian's Signature: \_\_\_\_\_

Hospital preferred \_\_\_\_\_

# CHILD'S MEDICAL FORM

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**Please print all information clearly**

The medical background of each child is required as part of the registration process. The program director must be advised in writing of any condition that would limit the child's ability to participate in any program.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Pediatrician's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Medical conditions \_\_\_\_\_

List all current medications \_\_\_\_\_

Will your child need to take any prescription medications while at camp? Yes / No

Allergies: (Please put N/A if your child does not have an allergy)

Food \_\_\_\_\_

Medication \_\_\_\_\_

Insect \_\_\_\_\_

Other \_\_\_\_\_

Does your child require an Epi-pen? \_\_\_\_\_ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons: \_\_\_\_\_

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