

Parental Consent for a Minor

PARTICIPANT INFORMATION

Participant's **FIRST** Name _____ **LAST** Name _____ Male Female

Date of Birth ____/____/____ Current Age _____

Address _____ Town _____ Zip Code _____

Home Phone _____ Email _____

Address _____ Guardian 1 Name: _____

Cell Phone _____ Work Phone _____

Guardian 2 Name: _____ Cell Phone _____ Work Phone _____

Emergency Contact Information: *please provide a contact (not residing with you) that we can contact in case a parent/guardian cannot be reached.*

Name _____ Relationship to Child _____

PICK-UP AUTHORIZATION

I hereby authorize the following person (s) to pick up the above named participant from the event. If there are any changes in these arrangements, I will give written notice. **Parents/Guardians must be included on this release.** I understand that my child will only be released to the people listed below, provided they produce an ID and sign out.

1. Parent/Guardian Name (s) _____ , _____

2. Name _____ Phone(____) _____ Relationship _____ Age _____

3. Name _____ Phone(____) _____ Relationship _____ Age _____

4. Name _____ Phone(____) _____ Relationship _____ Age _____

Guardian signature acknowledging pick-up procedures _____

TRANSPORTATION & EMERGENCY AUTHORIZATION

I hereby give the above named participant permission to participate and be transported to all planned activities and field trips. In addition, I give permission to _____ to administer CPR/First Aid. In the event that _____ is unable to reach me or the emergency contact persons on this form, I hereby give permission to _____ to order whatever emergency treatment is deemed necessary

PHOTOGRAPHY & VIDEOTAPING POLICY

Throughout the event we will will not be taking pictures/video at the event. These images/videos may appear in future program brochures, flyers, e-mail blasts, and on our Facebook Page and other Social Media platforms.

Please Initial Here _____

PERSONAL ITEMS AT CAMP POLICY

I understand that the above named participant is responsible for their items that are lost, stolen or damaged.

Please Initial Here _____

IN THE EVENT OF AN EMERGENCY

Whom should we contact in the event of a medical emergency? Please list in order who should be called:

1. Name _____ Phone(_____) _____ Relationship _____ Age _____

2. Name _____ Phone(_____) _____ Relationship _____ Age _____

3. Name _____ Phone(_____) _____ Relationship _____ Age _____

Guardian signature acknowledging emergency procedures _____

HEALTH ASSESSMENT

Please indicate Yes or No to all that apply to your child:

Wears glasses/ contacts _____ Has ear tubes _____ Is hearing impaired _____ Has frequent nosebleeds _____

Has recurrent headaches _____ Has asthma _____ Has seizures _____ Has epilepsy _____

Are there any foods your child can not eat? _____

List any known allergies (food, medication, bee sting, etc.) _____

If you answered Yes to any of the above please give any details here. If there are any other additional conditions or medical issues you think camp staff need to be aware of in order to ensure your child's safety please indicate that here as well.

SPECIAL NEEDS (only fill in this section if your child has additional special needs)

We are committed to ensuring equal access to the event. In order to ensure we are providing a safe and appropriate environment for your child please complete the following as applicable:

Classification/Diagnosis of Special Need : - None - Classified as _____

Please list which **services** your child receives from the Board of Education if any:

Behavior Support Needs: Does your child have behavioral issues that need to be addressed? Yes No

Please provide any information about your child's behavioral support needs in order for us to provide a safe and positive environment for your child and all participates in our program: - None - The needs are described as follows:

Does your child need paraprofessional support: Yes No

May we request a copy of your child's last IEP, and any evaluations from the Board of Education to provide information to our staff and paraprofessionals working with your child? Yes No

*We are not required to implement IEPs but request them in order to better understand the needs of children attending the program.

Guadian 1 Signature _____ Guadian 2 Signature _____