

ST. ANDREWS 2017 SUMMER CAMP PERMISSION FORM

- 1) I hereby grant permission for my child to participate in the provided morning and afternoon snack. My child may bring fruit or vegetables to supplement/replace the snack provided.
- 2) I hereby grant permission for my child to use all of the play equipment and to participate fully in all activities of the program.
- 3) My child will not be allowed to enter/exit the facility without being escorted by a parent/guardian or other authorized person, unless given written permission from a parent. All those picking up a child will sign him/her out.
- 4) I hereby grant permission for the Program Coordinator, Director or Acting Director to take whatever steps necessary to obtain emergency medical care for my child. These steps may include, but are not limited to, the following:
 - a. Attempt to contact parent/guardian.
 - b. Attempt to contact parent through all emergency contacts.
 - c. If we cannot contact you, we will do any of the following:
 1. Call a physician or paramedic;
 2. Call an ambulance;
 3. Have child taken to an emergency hospital in the company of a staff member.Any expenses incurred under letter (c) above will be borne by the child's family.
- 5) The facility agrees to keep me informed of any incidents, including illness, injury, adverse reactions, etc., which include my child.
- 6) I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work locations, emergency contacts, child's physician, child's health status, allergies, and immunization records, etc.
- 7) I acknowledge that I have received and read a current *Policies and Procedures* manual for the Summer Camp Program and will obey and abide by all of the rules and regulations set forth.
- 8) I give St. Andrews permission to transport my child to and from field trips. I will be given detailed information about each field trip and I will sign a detailed permission slip for each individual outing.

Parent/Guardian: _____ Date: _____

Program Coordinator: _____ Date: _____

**ST. ANDREWS SUMMER CAMP
PARENT CONSENT TO TREAT A MINOR FORM**

Being the parent or legal guardian of (minor's name printed) _____,
(parent/guardian's name printed) I _____, do consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child, I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan for the dental, medical, hospital care or treatment that is given to my child. Any policy of the preschool will be used as the secondary coverage.

Parent/Guardian: _____ Date: _____

Minor's date of birth: _____