

# School Group

# Permission Note and

**Student**

**Name** \_\_\_\_\_

**Name of Insurance**

**Company** \_\_\_\_\_

**Policy**

**Number** \_\_\_\_\_

My child has my permission to engage in all activities at camp unless noted by the physician or me. In the event of an emergency, and I or my spouse or my child's physician can not be reached, I give permission to the physician or hospital selected by the Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above, with the understanding that the family will be notified as soon as possible.

**Parent's**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (optional)

*Please feel free to add any medical information, comments or background information regarding your son or daughter in the space below that might help us run a safe program. This is optional, not required. Thank you for your consideration!*