

Science Adventure Camp Permission Form

STUDENT: _____ M or F

Please Print Clearly

ADDRESS: _____ ZIP: _____

HOME PHONE: _____

E-MAIL _____

SCHOOL: _____ DATE OF BIRTH: _____

ALLERGIES, LEARNING DISABILITIES, OR OTHER MEDICAL ISSUES:

DOCTOR'S NAME
AND PHONE: _____

PARENT NAME: _____

BUSINESS PHONE: _____

CELL PHONE: _____

PARENT NAME: _____

BUSINESS PHONE: _____

CELL PHONE: _____

EMERGENCY CONTACT (IF PARENTS ARE UNREACHABLE):

NAME: _____

PHONE: _____ RELATIONSHIP: _____

ANOTHER AUTHORIZED PERSON PICKING UP STUDENT:

NAME: _____

PHONE: _____ RELATIONSHIP: _____

PARENTAL CONSENT:

Permission is given for my child to take part in the science field trips or to the playground with Science Teacher Sarah (Sarah Corning) and Science Adventure Kids. Science Adventure Kids may use any recording from camp for professional uses. The staff's highest priority is the safety and well-being of my child. However, if there is a situation or circumstance which requires bringing a child to the hospital emergency room or a doctor's office to obtain medical treatment, I hereby authorize Sarah and give my permission to do so. All costs and expenses incurred in this regard will be my responsibility.

Parent's Signature: _____