

PARENTAL PERMISSION

Please Read, Sign & Return to Camp on the FIRST DAY your Child Attends!

I give permission for my child to attend the SASD Summer Program. I accept responsibility for transportation to and from the location. I agree to abide by the program rules, regulations and procedures. In the event of illness or injury, I authorize the program supervisors to obtain the services of a licensed practitioner if I am unable to be reached. I authorize first aid treatment as needed. I have noted allergies, medical conditions, and medications on this form. I understand hospitalization and insurance coverage is my responsibility. I have given specific instructions as to special medical care for my child in writing before the start of the program. I have specified limitations my child may have.

PARENTS & GUARDIANS — Please read all information sent to you in your Parent Handbook

I acknowledge that I have read, understand, and agree to abide by the rules, regulations, and procedures of the Souderton Area School District’s Summer Program that are contained in the Parent Handbook. I have read and understand the Medication Policy contained therein. (Please initial) _____ If rules and regulations are broken, I understand that my child may be dismissed from the program and payments will not be refunded. I understand that I am responsible for late charges if my child is not picked up on time.

Parent / Guardian Signature: _____ Date: _____

Child’s Name: _____

NOTE: Children will not be allowed to remain in ANY camp program if this card is not completed, signed, and returned to camp on the first day your child attends.