

Statement



Summer Camp Medical Release Form 2017
Field Trip Permission and Dietary Needs / Food Agreement

Basic Information

Child's Full Name: _____

Parent/Legal Guardian Name(s):

Home Phone Number:

Work Phone Number:

Cell Phone Number or Pager:

Emergency Contact Information: (MUST be completed)

Name:

Phone Number(s):

Relationship:

Medical Information: (MUST be completed)

Doctor/Clinic Name:

Phone Number:

Any medications: Is there any additional medical information we should know about your child?

Statement

I acknowledge that my child’s experience in the Summer Rock Camp Program at Universal Rock School will be both indoors and outdoors, sometimes in direct sun with minimal shade, I acknowledge that the site and its staff are not responsible for any bug bites, sunburns or possible illnesses or injuries that may result from my child participating in activities. I understand that my child will be working with musical instruments and agree not to hold Universal Rock School or any of it’s affiliates responsible for any injury that may result from musical instruments or equipment. My signature below authorizes the staff at Universal Rock School to request emergency treatment for my child in the situation warrants and I am unable to be contacted.

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

FIELD TRIP PERMISSION

I hereby grant permission for my child/children to attend all authorized field trips off the premises during the course of the program. I understand this permission form is a general one that applies to all field trips throughout the program. Trips will include daily trips to local parks, fun centers and movie theaters. I understand that this will require transportation provided by Universal Rock School and it’s associates and I give permission for my child’s transportation. Special field trips to local attractions will require additional payment should I choose to participate. Additional fees apply for certain trips.

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

DIETARY NEEDS/ FOOD AGREEMENT

I agree to provide a daily packed lunch daily for my child as well as a snack. I understand that on Friday’s Universal Rock School will host a pizza party and my child will be provided lunch if I choose at \$3 a child collected on Mondays for the week. I have alerted the staff to any special dietary needs and allergies my child has and they are as follows.

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date