



## PARENT/GUARDIAN PERMISSION FORM

Name of student: \_\_\_\_\_ Camp: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Address: \_\_\_\_\_

I give permission for the above-named student to be transported in a private vehicle to and from camp each day. Initials: \_\_\_\_\_

In case of an emergency, I authorize a qualified physician to examine the above-named student and in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. Initials: \_\_\_\_\_

Describe any medical conditions, including drug allergies, of the student : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In case that the parents/guardians cannot be reached, please call: \_\_\_\_\_

\_\_\_\_\_ whose phone number is : \_\_\_\_\_

In addition, I give permission for Eastside Audubon to take photographs of the above-named student to be used for publicity and/or information.

Initials: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_  
(Please print.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_