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| Free Rain Adventures Summer Camp 2024 Consent Form | | | |
| Field trip/emergency consent form | | | |
|  | | | |
| Permission is granted for:  (Name of Child) PLEASE PRINT  To take field trips with prior written communication during 6/117/22-8/31/22 via 12 passenger van driven by Steven Dobrinski. | | | |
| PARENT/GUARDIAN INFORMATION: | | | |
| Parent/Guardian Name: | | | |
| Address: | | | |
| Phone #: | | Emergency Phone #: | |
| Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.  Student’s Date of Birth | | | |
| Allergies: | | | |
| Conditions requiring special consideration (medical/physical): | | | |
| Does your student require: (A) **Epipen** Yes □ No □ (B) **Inhaler** Yes □ No □ (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): | | | |
|  | | | |
| Primary contact name | | Relationship to student: | |
| Phone #: | Work Phone #: | | Cell Phone/Pager #: |
| Secondary contact name | | Relationship to student: | |
| Phone #: | Work Phone #: | | Cell Phone/Pager #: |
| Student’s Physician: | | Phone #: | |
| Student’s Dentist: N/A | | Phone #: | |
| **TO ANY DOCTOR OR HOSPITAL:** I hereby authorize the release of my child’s pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip. | | | |
| HEALTH INSURANCE INFORMATION: | | | |
| Company Name: | Policy #: | | Group #: |
| Parent/Guardian Name: | | | Date: |
| (PLEASE PRINT) | | | |
| Parent/Guardian Signature: | | | |