



# Permission and Authorization Form Summer Camp 2017

The information on this form is used for Emergency Contact Information and for authorizing who is allowed to pick up your child from camp. Should your information change during the duration of camp please notify the office.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian 1:

Parent/Guardian 2:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Other

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Other

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Preferred Email Address

\_\_\_\_\_  
Preferred Email Address

I/We understand that my/our child will be released to either parent/guardian listed above unless the school is provided with court documentation stating otherwise. In addition, I/We give permission for the following individual(s) to pick up my/our child from OSMS.

Name

Telephone

Date/Initials (for changes)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please be sure to complete both sides of this form**

In consideration of admittance to the Ocean State Montessori School's camps, I/We, the undersigned, hereby authorize the Ocean State Montessori School to arrange for medical examination and/or treatment of \_\_\_\_\_ should an emergency arise at school or on a school sponsored field trip. It is understood that a conscious effort will be made by the School to contact me/us at the numbers listed on the front of this page before any medical action is taken. I would prefer to have my child, if the need arises, taken to \_\_\_\_\_ Hospital.\* (choice of hospital may be limited by service of local rescue squad)

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medication student takes on a regular basis: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Physician prescribing medication: \_\_\_\_\_

My/our child has the following **physician documented** allergies:

\_\_\_\_\_

My/our child has the following medical considerations and/or dietary restrictions:

\_\_\_\_\_

If I/We cannot be reached in case of emergency the following individuals may act on our behalf:

_____	_____	_____
Name	Phone	Relationship to student
_____	_____	_____
Name	Phone	Relationship to student
_____	_____	_____
Name	Phone	Relationship to student

I/We by signing below give permission for my/our child to:

- 1) Be photographed or videotaped and to allow OSMS to use any photographic or other visual representation of my/our child in its publications and/or website
- 2) Accompany his/her fellow campers on all field trips organized and conducted by the Ocean State Montessori School

\_\_\_\_\_  
Parent/Guardian #1 Signature

\_\_\_\_\_  
Parent/Guardian #2 Signature

**Please be sure to complete both sides of this form**