

SUMMER CAMP STUDENT RECORDS: FORM A

Student Information & Permission Forms

THIS DOCUMENT MUST BE COMPLETED AND SUBMITTED PRIOR TO YOUR STUDENT'S FIRST DAY OF CAMP ALONG WITH ALL REQUIRED or REQUESTED GA FORM 3231 UPDATED/NEW IMMUNIZATION RECORDS

Student's Name: _____ Grade: _____

Date of Birth: _____ Male/Female (circle one)

Home Phone #: _____

Address: _____ City, State & Zip: _____

Mother's Name: _____ Cell Phone #: _____

Work Phone #: _____ Place of Business: _____

Mother's Email: _____

Father's Name: _____ Cell Phone #: _____

Work Phone #: _____ Place of Business: _____

Father's Email: _____

Dismissal/Emergency Contact Information

In the event of an emergency situation (if I am unable to be reached) or at other times as I have arranged, the following person(s) have my permission to be contacted or may pick my child up from school:

Please Designate Pick-up or Emergency Contact	Name	Relationship	Phone #'s	Address

BUG SPRAY and SUNSCREEN APPLICATION PERMISSION:

As the parent or legal guardian of the above referenced student, I give my consent for the staff at St. Andrew's School Summer Camp Program to apply ___bug spray or ___sunscreen provided by me for my student's outside skin protection.

Parent/Guardian _____ Date: _____

Signature

STUDENT NAME: _____ GRADE: _____

FIELD TRIP PERMISSION

As the parent or legal guardian of the above referenced student, I give my consent for his/her participation in school sponsored trips. I understand that this is a blanket form, replacing the need for separate forms for each trip.

Parent/Guardian _____ Date: _____
Signature

PHOTOGRAPH PERMISSION

As the parent or legal guardian of the student named above, I give my consent for St. Andrew's School to use his/her photographs on the school website (without names), in news releases or advertisements.

Parent/Guardian _____ Date: _____
Signature

ACKNOWLEDGEMENT OF INHERENT RISK/EMERGENCY MEDICAL RELEASE

As the parent or legal guardian of the student named on this form, I give my consent for his/her participation in physical education classes and organized athletics. I recognize that such activities involve the potential for injury, which is inherent in all sports and physical activities, and I do not hold the school or any of its agents responsible in the event of such accidental injury.

Whenever injury and/or sickness occur to the student listed above, and the student is under supervision of St. Andrew's School, and the parent/guardian is unavailable to give his/her permission for treatment, the signature below hereby gives permission to an agent of St. Andrew's School to authorize any emergency action necessary to ensure the safety of the child. I will not hold St. Andrew's School financially responsible for any medical care given.

Parent/Guardian _____ Date: _____
Signature