



SUMMER CAMP STUDENT RECORDS: FORM D

Existing St. Andrew's Student Permission Form

THIS DOCUMENT MUST BE COMPLETED AND SUBMITTED PRIOR TO YOUR STUDENT'S FIRST DAY OF CAMP.

Student's Name: _____ Grade: _____

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

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 child's outside skin protection.

Parent/Guardian _____ Date: _____

Signature