

KIRBY HALL SCHOOL  
SUMMER CAMP 2017  
PARENTAL AUTHORIZATION AND RELEASE

Student: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: (entering) \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Must be completed, signed by parent/guardian, and returned to the Kirby Hall School office before or on the day of the camp you child is enrolled in.

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (student's name), who is enrolled in the Kirby Hall Summer Camp 2017, give my child permission to take part in the activities associated with the camp he/she is enrolled in. I hereby release Kirby Hall, its Director, teachers and any volunteers from any and all liability and responsibility in connection with said camp.

I authorize Kirby Hall and its representatives to consent to medical treatment to be administered by such physicians, other medical personnel, hospitals, and/or clinics as may be selected by Kirby Hall , or its representatives. Kirby Hall, nor the Director, teachers and any volunteers are not financially responsible for emergency care or transportation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred local physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If it is necessary to transport your child to a local emergency room or trauma center, please list the hospital of choice: \_\_\_\_\_

Any medical conditions/allergies: \_\_\_\_\_

1<sup>st</sup> Emergency Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

2<sup>nd</sup> Emergency Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

General Camp Information

\*Campers need to bring sack lunches and a water bottle every day