

KIRBY HALL SCHOOL
SUMMER CAMP 2019
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 2019, 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, 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: _____

1st Emergency Phone Number: _____ Contact Person: _____

2nd Emergency Phone Number: _____ Contact Person: _____

General Camp Information

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