

Athens-Clarke County Police Department Youth Summer Camp Application

Parental Authorization to Participate

Please complete this form that will accompany your child during the Athens-Clarke County Police Department Youth Summer Camp. This information is necessary should we need to contact you. No child will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential.

Permission is granted for:

(Name of Student) PLEASE PRINT

To take part in the **Athens-Clarke County Police Department Youth Summer Camp**. He or she is allowed to be transported by means provided by the Athens-Clarke County Police Department for Summer Camp field trips and activities.

Parent/Guardian Information:

Parent/Guardian Name:

Address:

Phone #:

Emergency Phone #:

Please provide the information requested below as it may be needed in case of an Emergency!

Student's Date of Birth:

Allergies:

Conditions requiring special consideration (medical/physical):

Does your student require: (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

Health Insurance Information:

Company Name:

Policy #:

Group #:

Parent/Guardian Name:

Date:

(PLEASE PRINT)

Parent/Guardian Signature: