



SITE \_\_\_\_\_

**Consent Form**

**Student's Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_

\_\_\_\_\_

Present Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Regular Medications Being Taken: \_\_\_\_\_

\_\_\_\_\_

Other Considerations: \_\_\_\_\_

\_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child currently have an IEP at their current school? \_\_\_\_ YES \_\_\_\_ NO

**Permission for Treatment**

My permission is granted for a representative of Destined for Success E.S. Summer Camp to obtain necessary professional medical attention in case of sickness or injury to my child. I understand that I am responsible for any related expenses incurred for treatment.

Parent Signature \_\_\_\_\_

**\*\*\*See Reverse Side For Additional Information\*\*\***

**Permission to Participate & Photo/Video Notice**

I understand that the Destined for Success E.S. programs may have scheduled activities which require average physical condition. My child, named above, has my permission to participate in all activities including but not limited to; competitive games, exercise, basketball and other sports and games. If there are any exceptions, I understand that it is my responsibility to inform D.F.S.E.S. Program Directors of such.

Also, I understand that as a participant, my child may be photographed or videotaped during normal program activities and that these photos/videos will be used strictly for end of program presentations and promotional materials as determined by D.F.S.E.S., Inc.

Parent Signature \_\_\_\_\_

**The following people are authorized to pick up my child:**

Parent \_\_\_\_\_ Contact #(s) \_\_\_\_\_

Parent \_\_\_\_\_ Contact #(s) \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Liability Waiver**

I grant permission for Destined for Success Educational Services, Inc.'s transportation service to transport my child to and from the designated camp site to scheduled activity and field trip sites. I also understand that it is my parental responsibility to inform D.F.S.E.S. directors of any changes in the information listed on this form.

I, the undersigned, do hereby verify that all of the above information is correct and I do hereby release and discharge all sponsors, Destined for Success Educational Services, Inc., and Cedar Grove United Methodist Church from any and all claims, demands, actions or causes of action, past, present and future arising out of any damage or injury while participating in this summer camp program on-site and/or traveling while being transported to and from program site.

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