



PARENTAL AGREEMENT FORM

St. John the Evangelist Catholic School agrees to provide summer services for

1. I understand NO prescription or over the counter medications may be dispensed to my child.
2. My child will not be allowed to enter or leave the facility without being escorted by the parent(s)/guardian(s), those authorized by parent(s)/guardian(s), or facility personnel.
3. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, such as telephone numbers, work location, emergency contacts, child's physician, child's health status/immunization records and persons authorized to pick up my child from the summer program.
4. The summer camp staff agrees to keep parent/guardian informed of any incidents including illness, injuries and exposure to communicable diseases that affect my child.

GENERAL PERMISSION

I hereby give my child permission to participate in any camp sponsored activity. This may be in the form of tours, field trips, sports activities or other educational excursions. Since the activities will be publicized in advance, I realize I have the privilege to withdraw this permission in writing. Additional paperwork will be required for all field trips.

I have read the Parent Agreement Form. I understand that my enrollment fee is non-refundable and non-transferable. I understand that there is no camp July 4 & 5, 2020. I understand that the weekly enrollment payments are due by 5:00 PM on the Thursday prior to the week of attendance.

NON INCLUDED IN FEES

All campers will need to bring an afternoon snack/drink, lunch/drink (should they prefer a home lunch), a water bottle with water, sunscreen, and a daily change of clothes regardless of the activity scheduled. If weather permits, children will have outdoor water fun EVERY day, please send appropriate attire and a clean towel. Please do not send your child in clothes that you do not want them to get dirty.

LIABILITY WAIVER

Full precautions/measures will be taken to ensure the safety of your child and that your child will be supervised by the staff/camp volunteers during the week(s) of the program. The parent/guardian acknowledges and agrees that there is the possibility of physical risk and/or injury associated with your child's participation in Summer Camp. You hereby release, discharge St. John the Evangelist Catholic School Summer Camp, its affiliated organizations, contractors, employees, and associated personnel, against any and all claims, liabilities and/or damages as a result of your child's participation in the camp.

I understand all information in this document and agree to all regulations and policies set forth.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

MEDICAL AUTHORIZATION FORM

Should _____, suffer an injury or illness while in the care of St. John the Evangelist Catholic School/Summer Camp and is St. John the Evangelist Catholic School/Summer Camp is unable to contact the parent(s) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. The parent(s) agree to keep the school informed of changes in telephone number, etc. where the parent(s) can be reached. The school agrees to keep the parent(s) informed of any incidents requiring professional medical attention involving the child.

Parent/Guardian Signature: _____ Date: _____

Physician Name: _____ Ph #: _____

Physician Address: _____

Insurance Company: _____

Insured Name: _____

Policy #: _____ Group #: _____

In the event of a medical emergency, the 911 center will be contacted to dispatch an ambulance to transport the student to South Georgia Medical Center, 2501 N Patterson Street, Valdosta, GA 31602, Phone: 229-433-1000.