

SUMMER CAMP MEDICAL CONSENT

I give permission to the Campanile Productions Summer Camp instructors to secure emergency medical treatment for my child: _____ . I also agree to hold Campanile Productions, and/or their assignees, harmless in the event of an injury or accident.

Parent/ Guardian Signature

Date

In case of emergency, we should contact: _____

Name

Number

If we can't reach you, who else can we call: _____

Name

Number

Please list any medical information of which we should be aware:(Allergies, medical conditions, special needs)

Special Considerations:

We want to give your child the best experience possible. If there is anything we need to know about your child's mental, emotional, or physical health, we encourage you to let us know. You can include it below or you can email Sherry Riggs (campanileproductions@gmail.com). We will keep your child's information private and only the directors of your child's camp needs to know.
