



The School District of Lee County
SUMMER CAMP/SCHOOL PARENT PERMISSION FORM



Student's Name:	School Location: Trafalgar Elementary
Date(s) of Camp/School: June 4 through July 20, 2018	Teacher/Sponsor: Murphy Voyages Summer Camp

Information to be completed by parent/guardian:

My child has a medical condition and/or medication of which the school should be aware.

My child does not have a medical condition.

As the parent or legal guardian of the student listed above, I give him/her permission to participate in this camp/school. I hereby grant permission for the supervising teacher to act "in loco-parentis" (in place of parents) in the event of any medical emergency and I accept full responsibility for all medical costs in the event of such a medical emergency.

I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this camp/school which is not the direct result of willful action or culpable negligence by the School District or its employees.

_____ Date _____

Parent/Guardian Signature

MEDICAL INFORMATION

Your Child's Name: _____

Date of Birth: _____

All medication is to be administered by the summer camp/school supervisor or teacher/staff as directed. Only the amount of medication required for the duration of the summer camp should be provided. Medication must be clearly labeled with the following:

Name of medication: _____

What it is to be used for: _____

How it is to be given: _____

Quantity and times to be given: _____

Additional information or procedure: _____

By my signature below, I am requesting that the camp/school supervisor or teacher/staff administer medication/procedure as directed above.

Parent/Guardian Signature: _____ Date: _____

Phone # _____ Cell # _____ Work# _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the supervisor to provide treatment for my child named above.

Parent/Guardian Signature: _____ Date: _____

IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT: (please print clearly):

Name: _____ Phone #: _____

Cell # _____ Work # _____