

# Carol Leone Summer Day Camp 2019

## Permission Form

My child \_\_\_\_\_ (one per child) has my permission to participate in the following activities. I understand that the scheduled weeks are subject to change, and that my permission extends to any of these activities any week my child is at camp. I understand that tennis shoes and socks must be worn to camp each day.

Date of Enrollment \_\_\_\_\_

**Please check ALL field trip:**

- Paradise Island Bowl
- Living Treasures
- Pittsburgh Zoo & Aquarium
- Fun For All
- Extreme Laser Tag
- Wyngate Pool Trip
- Children's Museum
- National Aviary
- Moon Park
- Carnegie Science Center

I give my permission for (full signature required for each item):

My child to take trips and walks under supervision of qualified staff. \_\_\_\_\_

My child to participate in the Center's swimming and/or wading program under the supervision of qualified staff. \_\_\_\_\_

The administration of minor first-aid procedures by qualified staff. \_\_\_\_\_

The administration of non-prescription medications. \_\_\_\_\_

I further give my consent to all emergency medical or dental procedures which would be necessary to preserve my child's life or prevent permanent impairment of my child's health. \_\_\_\_\_

I agree to abide by the policies and procedures of Carol Leone. \_\_\_\_\_

Please describe any disabilities, special needs or medical / dietary restrictions for your child(ren)

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

PrintName \_\_\_\_\_