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## Summer Camp 2010 - Parental Permission/Medical Form

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***(Please read this form fully and carefully before signing.  
A separate form must be completed for each participant)***

**Please Print**

1. I, \_\_\_\_\_ the parent/legal guardian give my permission for (child's name) \_\_\_\_\_ to participate in the Bowers Summer Art Camp during the week/s of \_\_\_\_\_, 2010.

2. I have also listed my child's allergies and medical condition(s) or restriction(s) on this form, including the name and telephone number of the child's physician or health care facility.

3. I have listed the persons authorized to pick up my child on this form. I understand that the Bowers Kidseum and their agents or employees are authorized to release my child to any of the persons so listed.

4. In the event my child becomes ill or injured and requires immediate medical attention I hereby authorize the Bowers Kidseum and its agents or employees to consent to on my behalf to x-rays, examinations, anesthetic, medical or surgical procedures, treatment or hospital care, deemed necessary and advisable by and rendered under the supervision of any physician or surgeon licensed under the provisions of the State of California on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

5. I understand and agree that this consent to treatment in advance, following the provisions of California Family Code §6910 does not relieve the parent or guardian of any and all financial responsibilities for such treatment.

6. I further agree to waive, release, absolve, indemnify and hold harmless, to the full extent permitted by law, the Bowers Kidseum and its officers, agents and employees, from any and all liability and/or claim of injury arising out of camp activities, including but not limited to transportation to and from the activities, whether the result of negligence or for any other cause, for the duration of this camp.

7. I have read and understand the provisions and legal significance of this form and I voluntarily waive any rights, claims or actions regarding personal injury, losses or damages.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2010, at \_\_\_\_\_, California.

By \_\_\_\_\_ (Signature)  
oParent *or* oGuardian (Check One)

\_\_\_\_\_ (Print Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell/Pager ( ) \_\_\_\_\_

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Sex of Child:    o Male o Female    Age of Child: \_\_\_\_\_ years

**Please list All Allergies:**

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**Please list all Medical Conditions or Restrictions:**

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Blood Type: \_\_\_\_\_ if known

**CHILD'S PHYSICIAN OR MEDICAL FACILITY**

Physician's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell/Pager ( ) \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell/Pager ( ) \_\_\_\_\_

Alternate emergency notification: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell/Pager ( ) \_\_\_\_\_

I certify that the above information is true and correct. Executed this \_\_\_\_ day of \_\_\_\_\_,  
2008, at \_\_\_\_\_, California.

By: \_\_\_\_\_  
(Signature) (Print Name)

Parent *or* Guardian (Check One)

**All students must be signed in and out by person responsible.**

**PERSONS AUTHORIZED TO PICK UP STUDENT**

Only **authorized persons with valid proof of ID** will be allowed to remove the student from the facilities.

Please notify the camp authorities immediately should this information change.

1) Name: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell/Pager ( ) \_\_\_\_\_

2) Name: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell/Pager ( ) \_\_\_\_\_

3) Name: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell/Pager ( ) \_\_\_\_\_

I certify that the above information is true and correct. Executed this \_\_\_\_ day  
of \_\_\_\_\_, 2009, at \_\_\_\_\_, California.

By \_\_\_\_\_

(Signature)

(Print Name)

Parent *or* Guardian (Check One)