



Parental Consent Form
Please complete and return before camp

Participant's Name _____ Age _____

Program Name _____

CONTACT INFORMATION

Primary Contact Parent/Guardian

_____ Email _____

Cell Phone _____ Home/Work Phone _____

Secondary Contact Parent/Guardian

_____ Email _____

Cell Phone _____ Home/Work Phone _____

Additional Contact Information (Individual who may be contacted in the event parent/guardians listed above can't be reached).

Name _____ Relationship _____

Phone _____ Cell Phone _____

List of other individuals allowed to pick up your child from the camp. Anyone picking up your child may be asked to show a photo ID before your child will be allowed to leave with them.

_____ Relationship _____

_____ Relationship _____

Parent Consent Statement

As the parent/guardian, I certify that my child has my permission to participate in the Messiah University camp program. I understand that he/she will be subject to the regulations of Messiah University. I also agree that my child will follow the instructions of the camp personnel and will treat other campers/adults with courtesy and respect. I understand that if my child fails to do so, he/she will not be allowed to participate in the camp.

I understand that I am responsible for signing out my child each day PROMPTLY. All risks associated with participating in the program, included but not limited to bodily injury, are assumed by me, as indicated by the signature below.

I understand that photographs and videos may be taken to document activities. I give my permission for photographs and/or videos to be taken of my child during the camp to be used for educational and/or promotional purposes for Messiah University.

I understand that I will be notified should a health emergency arise. If I cannot be reached by telephone, I authorize whatever medical treatment is deemed necessary by medical personnel.

My child has the following known medical conditions: _____

My child takes the following medications: _____

My child is allergic to: _____

Other concerns/conditions of which we should be aware: _____

Parent/Legal Guardian Signature: _____ Date: _____