

Twin Spring Farm  
PERMISSION TO PARTICIPATE IN SCHOOL/CAMP ACTIVITIES  
AND TO RECEIVE EMERGENCY MEDICAL CARE

Child's Name: \_\_\_\_\_  
(please print)

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school/camp.

I hereby grant permission for my child to leave the school/camp premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school/camp program.

I hereby grant permission for the Director to take whatever steps may be necessary to obtain emergency medical care if warranted. Permission is granted that information about my child can be shared with Twin Spring Farm Day Camp Staff for the well being of my child. These steps may include, but not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) call another physician or paramedic, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.
5. The school/camp will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
6. I AGREE TO SEND IN A WRITTEN NOTE EACH TIME MY CHILD'S NORMAL DEPARTURE PATTERN IS ALTERED. WHEN MY CHILD'S NORMAL TRANSPORTATION PATTERN IS CHANGED, MY CHILD IS NOT TO BE RELEASED FROM TWIN SPRING FARM WITHOUT MY WRITTEN CONSENT.

Signed \_\_\_\_\_  
(Parent 1 or legal guardian)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Parent 2 or legal guardian)

Date \_\_\_\_\_