

RENSELAER COUNTY
DYKEN POND ENVIRONMENTAL
EDUCATION CENTER

475 Dyken Pond Road, Cropseyville, New York 12052
Phone: (518) 658-2055

Kathleen M. Jimino, County Executive
Pierce M. Hoyt, Deputy Commissioner

Lisa Hoyt, Director

Parent / Guardian Authorization Form

Dear Parent and/or Guardian,

Participants in our summer youth programs are sometimes photographed for the purposes of promoting the SOLA program, or the Center. These photographs may be used in brochures, publications, display boards, or local newspapers. Please indicate below whether or not you authorize the use of photographs of your child.

I **authorize** Dyken Pond Center to use photographs of my child for the purpose of promoting summer youth programs.

Signature of parent or guardian

Date

I **do not authorize** Dyken Pond Center to use photographs of my child for the purpose of promoting summer youth programs.

Signature of parent or guardian

Date

Name of Participant: _____

Address: _____

Email: _____

***** Please See Reverse Side *****

Parent / Guardian Authorization Form

Dear Parent and/or Guardian,

Please sign the following authorizations as appropriate to help us ensure that your child has a safe and healthy camp experience.

Self-Medication Form for Inhalers and EPI-Pens

As of (Date) _____ (Child's Name) _____ has been instructed in the proper use of the following medication: _____.
I (Parent or Guardian's Signature) _____ request that my child be permitted to carry this medication while attending camp, as I consider my child responsible. My child has been instructed in, and understands, the purpose and appropriate method and frequency of use. My child will inform an instructor before using this medication.

Pre-Approval Form for Benadryl

As of (Date) _____ (Parent or Guardian's Name) _____ give permission for my child _____ to self administer the proper dosage of Benadryl in the case of an unforeseen allergic reaction, i.e. bee sting, food allergy. I understand Benadryl will only be made available to my child in the case of an emergency and that I will be contacted by the Camp Health Director to inform me of said use.

Emergency Treatment Authorization

The information provided on this Parent/Guardian Authorization form, the Health Information Form, and the Emergency Health Form, is correct to my knowledge, and the child herein described has permission to engage in all camp activities except those noted.

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named below.

Child's Name: _____

Parent or Guardian's Name (Please Print): _____

Parent or Guardian's Signature: _____

*** Please See Reverse Side ***