

Dyken Pond Environmental Education Center
Outdoor Adventure Camp

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.

1. Photo Release Permission

Participants in our summer youth programs are sometimes photographed for the purposes of promoting the camp program or the Center. These photographs may be used in brochures, publications, display boards, local newspapers, websites and social media. Individuals will never be identified by name. Please indicate below whether or not you authorize the use of photographs of your child.

Please circle one: **I authorize** **I do not authorize**

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

Signature of parent or guardian

Date

2. Pre-Approval for sunscreen and Insect Repellent (Optional)

As of (date) _____, (Parent or Guardian's Name) _____ give permission for my Child _____ to self-administer the proper amount of sunscreen/insect repellent as needed during the camp day. My child has been instructed in, and understands the purpose and appropriate method and frequency of use. My child will inform a counselor before use.

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

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3. 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.

4. 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 *****