

**Staten Island Academy Summer Day Camp
Club Getaway Overnight Adventure
Parental Authorization for Participation**

I/We, _____, the parent(s)/guardian(s) of _____ hereby give permission for him/her to travel to Club Getaway in Kent, CT on August 4 – 5, 2011. The students will be traveling via Island Charter bus to and from the event. Staten Island Academy Day Camp counselors will be chaperoning.

Parental Authorization for Medical Treatment:

I/We, _____, the parent(s)/guardian(s) of _____ hereby acknowledge that I/we may not be available to provide consent for medical treatment in the event our child becomes sick or is injured. In the event I/we are not available for such consent, it is my/our desire to have the best available treatment for my/our child.

In those situations where routine incidents may occur such as upset stomach, headache or similar maladies, the SIA camp chaperone will be authorized to use his or her judgement in treating such ailments including the use of over-the-counter products.

This form hereby authorizes the Staten Island Academy Summer Day Camp professional(s) to act on my/our behalf with respect to any required medical treatment decisions and consents, until such time as I/we are able to provide these items. Notice is hereby given to any qualified medical personnel that this authorization is currently in effect, and such personnel are directed to act upon such authorization without delay.

Please note that my child is allergic to the following medication (including over-the-counter medications):

Date of tetanus shot: _____

Major illnesses or injury within last year: _____

Current medication: _____

Date

Parent/Guardian

Emergency Contact Telephone Numbers:

Parent/Guardian: _____ Phone: _____

Additional contact if we are unable to reach Parent/Guardian:

Name: _____ Phone: _____