



SUMMER CAMP MEDICAL & GENERAL PERMISSION FORM

GENERAL PERMISSION: My child _____ has permission to participate in all activities of the Country Classroom 2021 Summer Camp. I also give permission to Country Classroom to administer First Aid. I understand that Country Classroom reserves the right to withdraw any student who does not follow behavior guidelines set by the camp and that *no refund will be made in such cases*.

Parent/Guardian Signature: _____ Date _____

MEDICAL CONSENT: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the doctors indicated on my Registration Form, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to performance of such surgery. In addition to the aforementioned information, I give my permission for any and all medical information to be shared with all camp personnel that interact with my child.

Parent/Guardian Signature: _____ Date _____

MEDIA CONSENT: Country Classroom relies on our website, Facebook page, and media coverage to help recruit students, celebrate work, and keep our school community aware of important events. While we may include your child's name, any identifying information such as address, email address, or telephone number will not be published or posted. Any student work (such as poetry, essays, artwork, etc.) will be evaluated by our staff for sensitivity and identifying information before being published. This form will be kept on file at the school for the year. If at any time you want to change your child's status, please contact the school and complete a new form.

FOR PARENTS OR GUARDIANS

If you consent to the posting/publishing of your child's name, photograph, and work, your child must also be in agreement that you will be signing the form indicating his or her consent. Should you have any questions, please do not hesitate to contact the school.

PLEASE CHECK ONE OF THE FOLLOWING TWO:

- ☐ My child and I hereby give consent for my child's name, photograph, and his/her school work to be published/posted on Country Classroom's web page and Facebook page during 2021 summer camp.
- ☐ My child and I hereby do **not** give consent for my child's name, photograph, and his/her school work to be published/posted on Country Classroom's web page and Facebook page during 2021 summer camp.

PLEASE CHECK ONE OF THE FOLLOWING TWO:

- ☐ I hereby give consent for my child to be photographed/interviewed by the media during 2021 summer camp.
- ☐ I hereby do **not** give consent for my child to be photographed/interviewed by the media during the 2021 summer camp.

Name of Parent/Guardian

Parent/Guardian's Signature

Student's Name

Student's Signature (if age 18 or older)

Country Classroom
2136 Huntersland Rd Middleburgh, NY 12122
(518) 827-5533
www.countryclassroom.org