



PALENCIA SUMMER CAMP HEALTH HISTORY & AUTHORIZATION 2023

This form to be completed by the parent/guardian
REQUIRED for ALL Campers

Camper Name: _____

Date of Birth _____ Age ____ Gender ____

1. I _____ authorize Palencia Summer Camp operated by Village Extended Day Epsilon, LLC to approve medical attention for my child in the event of an emergency during the time that they are in attendance.
2. My child has permission to attend field trips
3. My child may be photographed, and the photos may be used for publicity without names on our website, social media, displays on our campus and in publications
4. My child can consume store-bought or home-prepared food brought in by staff or families including but not limited to: Birthday parties, celebrations, cooking projects and field trips.

My child's food allergies: _____

5. I have read, understand and agree to the disciplinary procedures used at Village Extended Day Summer Camp that is published by Village Extended Day as well as the behavioral guidelines in this packet and Parent Handbook-I have read and understand the Palencia Summer Camp Handbook
6. My child has permission to watch PG movies
7. Illnesses, Behavioral Concerns & Physical Limitations or Conditions (please list):

8. Are there prescription drugs that must be administered during camp time according to doctor? This includes emergency prescriptions such as an epi-pen (please list):

9. Behavioral, Emotional and Mental Health. If your child has an IEP or 504 plan while in school please share plan in place (please list):

10. Please note: A plan of care must be completed for any children with specific medical conditions or dietary restrictions. (e.g. asthma, food allergies, seizures, etc.)

I have read agree to the above statements: (Sign below)

Date