



Concord Summer Vacation School – July 8-12

Child Permission Form (Ages 3-12)

Child's Name _____ Birthday _____ Age _____

Address _____ City _____

Parent/Guardian Name(s) _____

Home Phone _____ Email Address _____

Dad's Cell _____ Mom's Cell _____

Emergency Contact Person _____ Phone _____

The following persons are allowed to pick up my child in the event that I cannot:

1. _____ Phone _____

2. _____ Phone _____

Food Allergies (peanuts, chocolate, etc.) _____

Other Health Concerns we need to know about _____

Medical Release: I, _____, give my permission to Concord Presbyterian Church to consent to emergency medical treatment for my child, _____. I understand that attempts will be made to contact me in the event of any illness or injury.

Parent/Guardian Signature _____ Date _____

Discipline Agreement: If my child should become disruptive or fail to follow directions and respect the teacher, I agree to be called and to pick up my child immediately.

Parent/Guardian Signature _____