

Parent/Guardian Permission Form

First and Last Name of parent or guardian _____

Email address of parent or guardian _____

Parent or guardian phone (____) _____ Alternate: (____) _____

What medical conditions, health issues or dietary restrictions may the student need special attention for during camp attendance?

What medications is the student currently taking? (List medication names, dosages and frequencies) _____

Note:

Camp participants MUST have health insurance coverage and provide the following information:

_____	_____	(____) _____
Insurance Plan Name	Member ID No.	Insurer Phone No.

Agreement

I am the parent or legal guardian of the child listed below. I give permission for my child to participate in the ASM Orange Coast Materials Camp, including all associated activities and field trips.

I give permission to photograph, videotape, or record my child's participation in Materials Camp and to use such photos or tapes in promotional materials for future Materials Camp or other promotions, without compensation.

I have read both the [ASM Waiver of Liability](#) and the [UCI Waiver of Liability](#) statements on the ASM Orange Coast Materials Camp website and I accept the terms of those statements. If my child is selected to participate in the Materials Camp, I will complete and sign both forms and provide them as specified in instruction boxes on the forms.

Student's First Name _____ Last Name _____

Parent/Guardian's First Name _____ Last Name _____

Signature of Parent or Guardian _____ Date _____