2017 Summer Camp Permission Form
(Please complete one form per camper)

To be Completed by Parent		
Student Name:	Student Age:	Camp Name (Please indicate all camps student will be attending):
Method of Payment (Circle one): Cash to Office Check to Office V-Wallet	Total Payment Enclosed:	
Name of Parent/Legal Guardian 1:	Name of Parent/Legal Guardian 2:	
Emergency Contact name AND phone number for week of camp:	Parent Email Address:	Parent/Guardian Mailing Address:
Please list all information relating to any allergies, medical conditions, dietary restrictions, etc. for this child:		
Please list any additional information you wish for Veritas Academy to know about your child:		
By giving consent for my child to participate in this summer camp, I understand that I am agreeing to the following terms: If any off campus trips are involved with this camp, all children under the age of 8 years old participating will be required to ride in appropriate car seats or booster seats as specified by the state of Pennsylvania. No student will be allowed to participate in a summer camp unless this official permission form has been signed by the parent or guardian and is on file in the school office. Notes on other unauthorized forms may not be acceptable. My consent for my child to attend the camp described above includes all related programs and events associated with the camp. I hereby waive the school, Veritas Academy, including its employees, summer camp leaders, and representatives, and release them from all liability in connection with this summer camp in the event of accident and/or injury to my child. Also, as a parent or guardian, I authorize the treatment of my child by a qualified and licensed medical professional in the event of a medical emergency which, at the discretion of the attending medical professional, is necessary for the well-being of my child.		
Parent Signature:	**Date:**	

"Cultivating loving, serving, thinking students through classical Christian education."