

Student Medical Permission

Medical personnel will NOT treat minors without written permission from parents. Therefore, it is necessary that the following statement be signed and in our files in case of an emergency.

I (parent or legal guardian), _____ recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child (child's name) _____, and I further recognize that the Miami Day Camp directors may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances. I also waive the day camp from any financial responsibility resulting from illness or accident while attending the day camp.

Parent or Legal Guardian Signature

Date