

**Staten Island Academy Summer Day Camp  
Club Getaway Overnight Adventure  
Parental Authorization for Participation**

I/We, \_\_\_\_\_, the parent(s)/guardian(s) of \_\_\_\_\_ hereby give permission for him/her to travel to Club Getaway in Kent, CT on July 23-24. The students will be traveling via Island Charter bus to and from the event. Staten Island Academy Day Camp counselors will be chaperoning.

**Parental Authorization for Medical Treatment:**

I/We, \_\_\_\_\_, the parent(s)/guardian(s) of \_\_\_\_\_ hereby acknowledge that I/we may not be available to provide consent for medical treatment in the event our child becomes sick or is injured. In the event I/we are not available for such consent, it is my/our desire to have the best available treatment for my/our child.

In those situations where routine incidents may occur such as upset stomach, headache or similar maladies, the SIA camp chaperone will be authorized to use his or her judgement in treating such ailments including the use of over-the-counter products.

**This form hereby authorizes the Staten Island Academy Summer Day Camp professional(s) to act on my/our behalf with respect to any required medical treatment decisions and consents, until such time as I/we are able to provide these items. Notice is hereby given to any qualified medical personnel that this authorization is currently in effect, and such personnel are directed to act upon such authorization without delay.**

*Please note that my child is allergic to the following medication (include over-the-counter medications):*

\_\_\_\_\_

Date of tetanus shot: \_\_\_\_\_

Major illnesses or injury within last year: \_\_\_\_\_

Current medication: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

**Emergency Contact Telephone Numbers:**

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional contact if we are unable to reach Parent/Guardian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_