

EARLY CHILDHOOD CAMPS at the Katz JCC

2019 EMERGENCY PERMISSION FORM

Today's Date: _____

I, _____ give permission for my child,
(Please Print)

(your child's name) _____ to be treated for
(Please Print)

illness or injury as needed at the 2019 Early Childhood Camps. I give permission to transport my child to the nearest emergency room when appropriate.

PARENT SIGNATURE:

Date