



VIRGINIA BEACH CITY PUBLIC SCHOOLS
CHARTING THE COURSE

Activity Camp – Parental Consent Form

School _____

Camp Dates: _____

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ E-mail: _____
State: _____ Zip: _____
School: _____ Height: _____ Weight: _____
Activity: _____ Age: _____ Grade: _____

STATEMENT OF CONSENT

I/We, the undersigned, hereby certify that I/We, am/are the parents or legal guardians of the participant on this form. I/We hereby give permission for the camp staff to seek, during the period of camp, appropriate medical attention for the participant, for the attention to be given to the participant, and for the participant to receive medical attention and treatment.

I/We, the undersigned, understand that _____ (activity) is an active, physical sport and that injuries can occur. I/We assume all known and unknown risk of injury to my/our son/daughter. I/We hereby acknowledge that my/our son/daughter is physically fit and mentally capable of participating in _____ (activity) and all camp activities.

I/We waive, release, and discharge the School Board of the City of Virginia Beach, the school, the staffs, agents, employees, representatives, successors, and assigns for any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during the participation or while at this camp.

The camp director reserves the right to dismiss students from the camp for inappropriate action or behavior with no refund.

My/our signature(s) indicate(s) that I/We have provided true information on this application, and understand all statements on this form.

Signature(s) of Parent(s) or Legal Guardian(s)

Date

CAMPER'S HEALTH INFORMATION

To be completed and signed by camper's parents or legal guardian.

____ Asthma ____ Diabetes ____ Heart Disease ____ Rheumatic Fever
____ Bleeding Disorders ____ Convulsions/Seizures ____ Head Injury/Concussions

Allergies to Drugs: _____ Allergies to Food: _____

Last Tetanus Immunization (date): _____

Current Medications: _____

Chronic or Recurring Illnesses: _____

Operations/Injuries (include dates): _____

Physical Restrictions*: _____

Physician Telephone: _____ Dentist Telephone: _____

Medical Insurance: _____ Policy Number: _____

I/We have read and I/We understand the camp program and application process, and will include a copy (front and back) of an insurance card for my/our son/daughter. Virginia Beach City Public Schools does not provide medical coverage for its students. An incident requiring medical attention is the responsibility of the parent or legal guardian through their personal medical insurance.

Parent(s) or Legal Guardian(s) Must Sign Here: _____