

Date:

Silver Lake Summer Hoops Camp

C/O Director Richard Steele

9 Clyde O. Bosworth Rd. Halifax, MA 02338

I, _____ grant permission to Staff Members of Silver Lake Summer Hoops Camp to administer first aid if needed to my child. I also acknowledge that in (order to reduce the risk of Covid-19) SLSH Staff will not be responsible to apply sunscreen to my child and that I will apply sunscreen if needed before they attend camp each day. I also release any responsibility of the Towns of Halifax and Kingston and Silver Lake Summer Hoops Camp of any adverse events related to my Child while at camp. I have listed all of my Child's allergies and medications below. If my child requires medication (i.e. Epi-pen, Insulin, or oral meds) while at camp, I will provide a letter of medical necessity from a licensed physician as well as instructions for SLSH Medical Staff to administer it, and I give permission for medication to be administered to my Child by SLSH Medical Staff.

Child's Name and DOB:

Medical Conditions:

Medication List:

Allergy List:

Emergency Contact(s) Name and Phone Numbers:

Parent/Guardian Signature:

Parent/Guardian Name Printed:
