

**FAIRFAX PUBLIC ACCESS
PARENTAL/GUARDIAN CONSENT FORM FOR FPA's 2019 TV and/or RADIO
CAMPS** *(Please print all info)*

(Student's name) _____ has my consent to participate in the following FPA Teen Summer Camp at 2929 Eskridge Road, Fairfax, VA, 22031.

Today's Date: _____ **Camp name & start date:** _____ - _____

I accept full responsibility for my child's conduct and health during the camp and will hold FPA harmless from any consequences of my child's participation in this program. Before camp begins, I will provide:

1. A written note from the doctor regarding any medical condition that FPA needs to be made aware of
2. A written request to allow FPA to distribute any needed medications.

Physician information:

Name: _____

Phone #: _____

3. A copy of insurance card.

If FPA deems that there is a medical emergency, I give FPA Staff permission to have my child transported to the nearest hospital. FPA will make every effort to contact the parent/guardian.

Please provide two (2) emergency contacts.

Emergency Contact: (Please Print)

Name _____

Relationship _____

Address _____

Phone Number _____

Emergency Contact: (Please Print)

Name _____

Relationship _____

Address _____

Phone Number _____

Information of person who will pick the student up:

Student will be transporting self to and from camp.

Name _____

Relationship _____

Phone Number _____

Parent or Guardian Name (Please print) _____ & Signature _____

****The Fairfax Public Access Policy Manual states that minors from the age of 12 and up to the age of 18 must submit a signed Parental or Legal Guardian Consent form.**