

**FAIRFAX PUBLIC ACCESS  
PARENTAL/GUARDIAN CONSENT FORM FOR 2026 TV101 & 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.**