



_____ , _____
Camper's Last Name First Initial

Parent / Guardian Signature

LSPC - PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form. Authorization by telephone will not be accepted.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the Life Skills Prep Camp or program site unless a Life Skills Prep Camp staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in every morning and sign my child out before leaving in the afternoon.
Sign-in/Sign-out sheets are available as you arrive at the program area. (See other pick-up provisions in Parent Handbook).
- I understand that the Life Skills Prep Camp is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Life Skills Prep Camp staff and volunteers are not allowed to babysit or transport children at any time outside the Life Skills Prep Camp facilities and program. If a violation of this policy is discovered, the Life Skills Prep Camp will take immediate disciplinary action toward staff and volunteers.

I have read and understand the statements above regarding Life Skills Prep Camp policies and procedures.

PARENT/GUARDIAN SIGNATURE	DATE
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STATEMENT OF AUTHORIZATION

1. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
2. In the case that your camper or anyone in the immediate household of the camper develops a reportable communicable disease as defined by the State Board of Health, it is the responsibility of the parent to notify the Life Skills Prep Camp within 24 hours or the next business day in order for the Life Skills Prep Camp to take proper action, except in the case of life-threatening diseases which must be reported immediately.
3. My signature authorizes the management and staff of the Life Skills Prep Camp to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I/we grant permission for emergency medical treatment and/or routine medical care by the Life Skills Prep Camp camp staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Life Skills Prep Camp from any and all liability and/or financial responsibility for any medical expenses incurred.
4. The parent/guardian authorizes the application of sunscreen for his or her child by Life Skills Prep Camp staff. (please note any adverse reaction to sunscreen of which you may be aware) Brand?
5. The parent/guardian authorizes the application of insect repellent for his or her child by Life Skills Prep Camp staff. (please note any adverse reaction to sunscreen of which you may be aware) Brand?

PARENT/GUARDIAN SIGNATURE	DATE
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OFFICE USE ONLY	FORM OF IDENTITY VERIFICATION	VIEWED BY	DATE VIEWED
	PLACE OF BIRTH	BIRTH CERTIFICATE NUMBER	DATE ISSUED
	DATE OF BIRTH	DATE CHILD ENTERED CARE	DATE CHILD WITHDREW FROM CARE