

# Egypt Centre Parental Consent Form

## Summer Workshops 2014

Dates of workshop attending:.....to.....

**Please Print Clearly**

**Please remember to bring a packed lunch!**

Name of Child.....

Date of birth..... Age.....

Address.....

..... Tel.....

School..... School Year.....

(This is so we can assign Children's University credits)

Email Address.....

Does your child suffer from a medical condition? (eg. Asthma, epilepsy, or diabetes).....

Medication details.....

(Please clearly label your child's medication and indicate dosage).

Any allergies?.....

Name of Doctor.....

Address.....

Tel.....

Details of two emergency contacts: **Contacts Must Be Available and Contactable!**

Name..... Name.....

Address..... Address.....

tel..... tel.....

Name of adult that will be collecting child(ren) at the end of the workshop 3 pm

I give permission for photographs to be taken of my child for advertising/archive purposes

YES/ NO

Signature of parent or guardian.....

**I give permission for my child to leave the Egypt Centre to have a picnic lunch on campus (weather permitting) and include a hat, sunglasses and or sun lotion (marked with child's name) if necessary. YES/ NO**

Signature of parent or guardian.....

If you would like to be informed about upcoming workshops and events please PRINT your email address.....