PARENTAL CONSENT FORM

This form MUST be completed, signed, and included with your registration form and payment.

Student's legal name: (Last)	(First)	Date of Birth
Parent's legal name: (Last)	(First)	Date of Birth
Parent's legal name: (Last)	(First)	Date of Birth
NOTE: All adults (including parents) will be required to sign stuprovide photo identificationat the time of student pick-up. Parabove will be picking up their student.		
Parental Consent/Responsibilities		
1. The health information provided is complete a permission to engage in all program activities. I under a <u>completed</u> "Youth Camp Health History Form MDH	stand that my child will not be able	-
2. I understand that in case of an illness, injury, alle Wor-Wic has no health care facility or health care staff a reasonable care for my child and, if deemed necessary, child has personal medical coverage and accident install.	able to provide treatment. College en have my child transported to a health	nployees will provide necessary and n care facility. I will also ensure that my
3. Wor-Wic will not be responsible for keeping and medical condition(s). If a child will be self-administerin Authorization Form" signed by the parent and the phys "MDH Medication Authorization Form."	g medication, the parent is responsil	ole for submitting an "MDH Medication
4. I authorize Wor-Wic to confirm my child's particithe release of my child's placement record to Wor-Wic. submitted to the Maryland Higher Education Commis	This information may be needed to	verify gifted/talented status and may be
5. I understand that my child must abide by the runot be tolerated and may result in dismissal with no r	•	uptive and inappropriate behavior will
6. All adults (including parents) will be required to s be required to provide photo identification at the time any adult other than those listed above will be pickin	of student pick-up. Parents must prov	· · · · · · · · · · · · · · · · · · ·
7. Authorized adult(s) may sign students in at their pick up their child promptly after class. There may be		·
8. My child has permission to be photographed, in participants for publicity, marketing and/or education	·	Vic and/or other Summer Scholars
9. I understand and voluntarily assume all risks inheliabilities, expenses and judgments against Wor-Wic. I r participation in Summer Scholars activities at Wor-Wic campus.	elease Wor-Wic and its representativ	es from liability arising out of my child's
10. This form must be signed and dated in order for correct to the best of my knowledge. I understand that understand that I am financially responsible for all chargorocedures.	it is my responsibility to notify Wor-\	Nic of any change in this information. I
Parent or legal guardian signature	 Date	