

Tuscarora School District
PARENT/GUARDIAN
Informed Consent for *STEM CAMP 2019*

Student Name:

School: St. Thomas Elementary

Tuscarora School District is planning a **STEM CAMP** at St. Thomas elementary August 5th-8th from 9:00-11:30.

Phone Number: 717-328-3127

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks I hereby give consent for (student) _____ to participate in this activity.

P	Parent/Guardian Name _____	Day Phone () _____
	Home Address _____	Evening Phone () _____
	Emergency Contact _____	Emergency Phone () _____
	Signature of Parent/Guardian _____	Date _____

Please Note: A school nurse will not be on site during these hours. Please list any medical conditions that are pertinent to the care of your child:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately.

However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Does your child have Medical Insurance Coverage? Yes No

It is recommended that all students have medical or student accident insurance.

Name of Preferred Doctor: _____ Phone No. () _____

Name of Insurance Carrier: _____ Policy No. _____