

Parent/Guardian Permission/Medical Authorization
 DPYO Weekend at Camp Kern
 January 6 and 7 2018



Name(First)	(Last)	Gender
Address	City	Zip
Home Phone	Cell Phone	Emergency Contact Phone#
Preferred Physician	Phone	
Preferred hospital		
DIETARY RESTRICTIONS		
Medical Requirements and Medications taken regularly:		
ALLERGIES:		
TRANSPORTATION ARRANGEMENTS:	Riding to Camp Kern With	Returning Home With
My Child has permission to Drive to camp Y/N	Parent Signature	Date
Auto Make	YR	Lic#

My child, named above, has permission to attend the Dayton Youth Philharmonic Orchestra Weekend at Camp Kern JAN 6 and 7 2017. I understand and agree that my child is to abide by the rules of Camp Kern and is subject to the guidance and direction of the chaperones during the weekend.

In the event of an emergency, if the chaperones are unable to reach me, I authorize this person to perform any services deemed necessary for the well being of my son or daughter. (Including seeking Medical Attention)

DATE _____ PARENT/GUARDIAN SIGNATURE _____