

**Parent/Guardian Permission/Medical Authorization**  
**DPYO Weekend at Camp Kern**  
**January 11 and 12, 2020**



Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Medical Requirements & Medications Taken Regularly \_\_\_\_\_

Allergies \_\_\_\_\_

**Transportation Arrangements**

- ☐ Carpool
- ☐ My child will ride to camp with: \_\_\_\_\_
  - ☐ My child will return from camp with: \_\_\_\_\_
- ☐ My child has permission to drive to camp
- ☐ Auto Make: \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

*My child, named above, has permission to attend the Dayton Youth Philharmonic Orchestra Weekend at Camp Kern on January 11 and 12, 2020. 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 wellbeing of my son or daughter (including seeking medical attention).*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_