Authorized Adult Permission/Medical Authorization
DPYO Weekend at Camp Kern
January 9 and 10, 2027

Name _____ Pronouns _____
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 9 and 10, 2027. 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 _____

Submit form online by **Sunday, November 29** to here:
https://daytonphilharmonic.sharepoint.com/:f:/s/LCEFILESHARE/IgB3wyUz236eRI6ODt64nU3KAZm2vZ1C1bBfXNsLjAa_Q4g