South Norfolk County Arc Permission Slip to Participate
Name of Group: VACATION WEEK Session/Date: FY 2012
return to: Nancy Borr, SNCARC, 789 Clapboardtree St., Westwood, MA 02090

PARTICIPANT INFORMATION:

Name_____Birth Date_____
Address_____
Town_____Zip Code_____
Guardian Name _____Phone Number_____
Email Address_____

EMERGENCY CONTACTS:

Name_____Phone_____
Relationship _____Cell Phone_____

MEDICAL INFORMATION:

Medical Problems_____
Allergies (if yes, please list)
_____
Food Allergies_____
Name of Insurance Provider_____
Insurance ID_____
Primary Physician_____Phone_____
Preferred Hospital_____Phone_____

I/We, the undersigned mother, father, or guardian of _____, give my/our approval for his/her participation in **VACATION WEEK** sponsored by SNCARC Family Support and The Family Autism Center. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless SNCARC, their directors, instructors, and volunteers from any claim arising out of injury to him/her. I give permission for SNCARC representatives to obtain medical services for my child in the event of an emergency. **I understand that SNCARC employees/volunteers are not able to administer any medications.**

Signature of Parent/Guardian: _____Date_____

PHOTO RELEASE (Optional)

I, _____, of _____
Name and role of person (legal guardian, parent) Name of Minor, if applicable

Hereby give South Norfolk County Arc (SNCARC) of 789 Clapboardtree Street in Westwood, Massachusetts, and/or parties designated by SNCARC, the right and permission to publish without charge photographs taken during the program listed above. I understand that the term "photograph" as used herein, encompasses still photographs, audio recordings and video recordings.

These photographs may be used in SNCARC agency publications, including electronic publications, in audiovisual presentations, promotional literature, or in other similar ways. They will not be used for any other purpose.

Date:_____
Signature:_____
Address:_____