

# BJA KINDERKAMP PERMISSION FORM

**Bob Jones Academy**

THIS PERMISSION FORM WILL APPLY TO BJA  
KINDERKAMP-SPONSORED ACTIVITIES FOR THE SUMMER.



STUDENT'S NAME \_\_\_\_\_

GRADE (grade entering next school year) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PERSONAL INFORMATION

Parents' names \_\_\_\_\_ Home phone \_\_\_\_\_  
Mother's cellphone \_\_\_\_\_ Father's cellphone \_\_\_\_\_  
Mother's work phone \_\_\_\_\_ Father's work phone \_\_\_\_\_  
Mother's email address\* \_\_\_\_\_ Father's email address\* \_\_\_\_\_

*\*By providing your email address, you agree to receive email from BJA/BJU.*

## PHOTO PERMISSION

I grant permission to the release of photos of my child to be used for promotional purposes for BJA. Yes No (please circle one)

## RELEASE INFORMATION (persons to whom your child may be released)

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (in case parents cannot be reached)

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

Name of insurance company \_\_\_\_\_  
Policy number \_\_\_\_\_

## MEDICAL INFORMATION

Allergies/Medical issues \_\_\_\_\_  
Medicines taken regularly \_\_\_\_\_  
Medical restriction(s) \_\_\_\_\_

We carry the following over-the-counter medications in our first-aid kit. Please indicate below which medications we may or may not administer to your child (per manufacturer instructions).

- Yes No Antibiotic cream  
Yes No Banophen (comparable to Benadryl—only for children ages 6 and up or with a doctor's prescription)  
Yes No Calydryl lotion  
Yes No Cough drops (ages 5 and up)  
Yes No Tylenol (80 mg—tabs)  
Yes No Tylenol (160 mg—liquid)

Prescription medication and any other non-prescription medication must be given to the KinderKamp office. The staff will administer the medication at the appropriate time. Please complete the required medication forms. See the Summer Programs handbook for more information.

I give my consent for my child, \_\_\_\_\_, to take part in any KinderKamp activities. I understand and agree that Bob Jones Academy and/or Bob Jones University and their respective employees, agents, successors and/or assigns are not liable for any accident or injury that may take place during KinderKamp activities.

I authorize BJA KinderKamp representatives to act for me according to their best judgment in any emergency requiring medical attention. I understand that the representatives will be responsible for keeping and dispensing all prescription medications. I understand that Bob Jones Academy/Bob Jones University is not responsible for any expense incurred because of an injury or illness.

If any of the above information changes during the summer, I will inform the KinderKamp office.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_