

# BJA DAY CAMP PERMISSION FORM

**Bob Jones Academy**

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



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

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

## PERSONAL INFORMATION

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

## 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). If your child needs an EpiPen, please also send a bottle of Benadryl and be sure to include the amount of Benadryl needed.

Yes No Antibiotic cream  
Yes No Benadryl (only for children ages 6 and up), to be used for an allergic reaction  
Yes No Hydrocortisone cream

Prescription medication and any other non-prescription medication (including Tylenol and Advil) must be given to the Day Camp office. The staff will administer the medication at the appropriate time. Please complete the required medication form. See the Summer Programs handbook for more information.

I give my consent for my child, \_\_\_\_\_, to go on Day Camp-sponsored trips, including daily transports on the BJA/BJU campus, and I give permission for my child to take part in any related activity. 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 such trip or activity.

I authorize BJA Day Camp 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 Day Camp office.

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