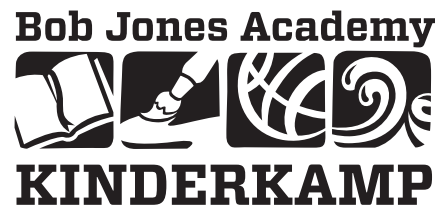


BJA KINDERKAMP PERMISSION FORM

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 for 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 _____
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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 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 (160 mg—chewable tablets)

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 (available online).

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 _____