

**Date:**

**Silver Lake Summer Hoops Camp**

**C/O Director Richard Steele**

**9 Clyde O. Bosworth Rd. Halifax, MA 02338**

I, \_\_\_\_\_ grant permission to Staff Members of Silver Lake Summer Hoops Camp to administer first aid if needed to my child. I also acknowledge that in (order to reduce the risk of Covid-19) SLSH Staff will not be responsible to apply sunscreen to my child and that I will apply sunscreen if needed before they attend camp each day. I also release any responsibility of the Towns of \_\_Halifax and Kingston\_\_ and Silver Lake Summer Hoops Camp of any adverse events related to my Child while at camp. I have listed all of my Child's allergies and medications below. If my child requires medication (i.e. Epi-pen, Insulin, or oral meds) while at camp, I will provide a letter of medical necessity from a licensed physician as well as instructions for SLSH Medical Staff to administer it, and I give permission for medication to be administered to my Child by SLSH Medical Staff.

**Child's Name and DOB:**

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**Medical Conditions:**

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**Medication List:**

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**Allergy List:**

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**Emergency Contact(s) Name and Phone Numbers:**

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**Parent/Guardian Signature:**

**Parent/Guardian Name Printed:**

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