

Child Large

Adult Large

GENERAL PERMISSION FORM

All scheduled activities (both on & off campus) are closely supervised. Please check yes or no to the following questions and sign below.

1. I give my permission for my child's name, pictures, or video clips taken of my child to be used in MUSC or Mt. Pleasant Sertoma Club publicity or publications.
Yes No Special Restrictions: _____

2. I give my son/daughter permission to participate in any fieldtrip which is a regular part of the camp program.
Yes No Special Restrictions: _____

3. I understand that it is my responsibility to make sure my child's hearing aids and/or cochlear implants are functioning normally before dropping them off at camp each day. I am also responsible for sending extra batteries, cables, etc with my child each day in case their hearing equipment malfunctions during camp. If my child arrives at camp without functioning hearing equipment, it is not the responsibility of the camp workers to supply batteries, cables, etc.

4. I understand that I am responsible and financially liable for the medical care of my child and that I have medical insurance to cover medical expenses in the case that it is necessary. In the event of an emergency and I cannot be notified, the camp supervisors have permission to authorize treatment, injections, anesthesia, or surgery for my child by qualified medical personnel.

5. By signing below, I, the camper's parent/guardian, acknowledge and agree with the above statements.

Signature of Parent / Guardian

Date

Application **deadline** is June 14, 2019. Completed applications should be mailed to:

Nevitte Morris
MUSC Dept of OTO-HNS
135 Rutledge Avenue, MSC 550
Charleston, SC 29425
Or EMAILED to: swink@musc.edu

For more information, Call 843-792-6136.