



**CAROLE AND MARCUS WEINSTEIN JEWISH COMMUNITY CENTER
CAMP HILBERT 2008**

Permission Form

Child's Name: _____

I hereby grant permission for my child to:

- leave Camp Hilbert under the supervision of Camp Hilbert staff members for field trips and overnights, in an authorized Camp vehicle. I also understand that I will be given weekly reminders of these Field Trips and Overnights and I am responsible for contacting the Camp Office if I do not want my child participating in one of these events.
- take part in swimming activities at Camp Hilbert.

I understand that I will be notified when my child becomes ill and that I will make every effort to pick him/her up as soon as possible. I hereby grant permission for the Weinstein JCC Staff to take whatever steps necessary to obtain emergency medical care if warranted.

Should my child become ill or suffer an accident of any character while he or she is at camp, Camp Hilbert shall attempt to contact the parent/legal guardian immediately. In the event Camp Hilbert is unable to reach the parent/legal guardian immediately, Camp Hilbert and/or its designated employee/s shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary.

Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

Name of Parent/Legal Guardian (printed)

Signature of Parent/Legal Guardian

Date