



TOWN OF HAMDEN-SUMMER CAMP PROGRAMS PERMISSION FORM

I give permission for my child _____ to participate in all Summer Programs activities that occur at or off site for the Town of Hamden Summer Day Camps/Programs. I authorize the Town of Hamden Summer Day Camp staff to have and use photographs, slides, and recordings of my child for the sole purpose of advertising and public relations. I acknowledge that, if my child has recovered from COVID-19, a written release will be obtained from my child's physician confirming that my child is able to engage in the physical activity/exertion of the program in which my child has been enrolled. In my absence, my child may be picked up by:

_____ (Name) _____ (Phone)

_____ (Name) _____ (Phone)

If my child is to be picked up by anyone else UNEXPECTEDLY, I understand that I must contact the Recreation Office with the name of the person and that the designated person will be required to provide proof of identity at the time of the dismissal.

Parent/Guardian Signature

Date

TOWN OF HAMDEN-SUMMER CAMP PROGRAMS CONCUSSION PROTOCOL

I have received and read a copy of the Concussion Fact Sheet for Parents provided by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention. Furthermore, in the case of a suspected concussion, I understand that Town of Hamden Summer Camp staff will follow the guidelines set forth by the State of Connecticut. Any child suffering a suspected concussion will be immediately examined by the Staff and the parents of the child will be contacted so that they can seek additional medical attention for their child. After receiving that medical attention, the child can only return to camp/sports activities with a written release from a medical provider.

Parent/Guardian Signature

Date