

School Activity and Medical Release Form

1. I hereby grant permission for my child, _____ to:

- Use all the play equipment and participate in all school activities.
- Leave Johnson Gym and surrounding yard and Marsh Hall and surrounding yard under the supervision of the program director or a counselor for campus walks and activities on the Campus of Andrews University.

2. I give permission to the Andrews University Summer Camp / Crayon Box Children's Learning Center, licensed by the State of Michigan, to secure emergency medical and/or emergency surgical treatment for my child while in care.

3. I understand that the Andrews University Summer Camp / The Crayon Box Children's Learning Center cannot:

- Be responsible for anything that may happen as a result of false information at the time of enrollment.
- Assume responsibility for a child who has not been checked in and delivered to his/her gym/classroom and left with the counselor.
- Release a child to anyone who appears to be under the influence of alcohol or narcotics, or to anyone who is not listed on the child's Emergency Card.

4. I understand that the Andres University Summer Camp / The Crayon Box Children's Learning Center staff are under legal and professional obligation to report any cases of suspected abuse, neglect, or incest.

Parent or Guardian's signature

DATE