



**Parent/Guardian Consent Form- Thinking Games Day Camp, June 24, 2019, 12-4 p.m.**

Name of Child ..... Date of Birth .....

Parent/ Guardian .....

Address: .....  
..... Zip .....

Tel (day): ..... Tel (evening): .....  
Mobile: ..... E-mail: .....

Does your child suffer from any medical conditions/allergies that the program should be aware of (including any current medication)? .....  
.....  
..... (Initial) I understand that Grey Havens Philosophy is unable to administer medication.

**Emergency contact details:** (If different from above)

Name: ..... Telephone no: .....  
Relationship to child: .....

**CONSENT** (please read carefully)

- a) I agree to my son/ daughter taking part in the activities of the program.
- b) I confirm to the best of my knowledge that my son/ daughter has not been diagnosed with any medical condition other than those listed above.
- c) I give my consent for Grey Havens Philosophy to take photographs and video of my child, and publish these images without identifying information in both print and social media.

Signed ..... (Parent/ Guardian) Date: .....