

St. Francis Xavier Catholic Schools  
2018 SUMMER CARE PERMISSION FORM

Dear Parent(s)/Legal Guardian:

Please carefully review the information regarding your child's attendance in the XCS Summer Care program.

We want to ensure a safe and fun environment for all children attending camp and by acknowledging and granting your permission in the following areas, we will be on our way to creating an exciting, memorable experience! Please initial where appropriate. Thank you!

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

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\_\_\_\_\_ **Health Record:** I/we acknowledge that our child is in good health and her/his immunizations are current. Further, any health restrictions, allergies, medications taken by the child, or any other needs, are noted below.

\_\_\_\_\_ My/our child carries an epi-pen. I am attaching an allergy action plan.

\_\_\_\_\_ My/our child carries an inhaler. I am attaching an individual medical action plan.

Health Record Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Sunscreen Application:** It is my responsibility to apply sunscreen to my child before s/he comes to Summer Care. However, Summer Care staff have permission to supervise and teach my child(ren) when reapplication of sunscreen or sun block with UVB and UVA protection of SPF 15 or higher to exposed skin as needed. Further, I/we understand Summer Care Staff are not required to apply the sunscreen to my/our child, but will assist and guide children during the day and as needed.

\_\_\_\_\_ **Do Not Photo:** We will make every effort to not have your child(ren) photographed and we will not use photos they may be in. (only initial if you do not want your child photographed)

\_\_\_\_\_ **Walking/Library Field Trips:** Throughout the summer, Summer Care children will be going on many walking field trips as staff may plan day by day. Each Wednesday staff will take a group of 10 children by way of Valley Transit to the Appleton Public Library. I/we grant permission for our child/ren to attend these field trips and for the program staff to take my child on these buses. No flip flops.

**Water Bottle:** is recommended. Children may be taking them on field trips and will be their responsibility. Please label each bottle.

\_\_\_\_\_ **Swim:** I/we give permission for my/our child/ren to swim at Erb Pool. I/we give permission for him/her to swim in the pool as directed by Summer Care supervisors on days when weather is cooperative.

**Parent/Legal Guardian:** \_\_\_\_\_  
First Name Last Name

**Parent/Legal Guardian:** \_\_\_\_\_  
Signature Date