



Miccosukee Health Department
Wellness Summer Camp



PERMISSION FORM



Activity:	Children will dive into exciting nutrition lessons, enjoy energizing physical activities, arts and crafts and take part in interactive games and team challenges designed to keep them moving and smiling all summer long.
Date:	June 23rd- July 16th(Monday – Wednesday)
Time:	1pm – 3:30pm
Location:	Meet In Cafeteria after summer school
Pick Up:	Recreation at 3:30pm

Please return this permission slip to The Wellness Center As Soon As Possible

(Child's Name/Age)

(Allergies)

(Child's Name/Age)

(Allergies)

(Child's Name/Age)

(Allergies)

I DO give permission for my child to attend Summer Camp. ☐

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: ☐

(Parent/Guardian Print Name)

(Phone Number)

(Parent/Guardian Signature)

(Date)

