HAMDEN HALL SUMMER PROGRAMS PERMISSION FORM

I give permission for my child ___________________________ to participate in all Summer Programs activities that occur on the grounds of Hamden Hall Country Day School. I also understand that, in accordance with State of Connecticut regulations, I will be required to complete a separate permission form for each field trip that my child participates in, and that field trips will involve transportation by state licensed vehicles to a site off of the grounds of Hamden Hall Country Day School.

I authorize Hamden Hall to have and use photographs, slides, and recordings of my child for the sole purpose of advertising and public relations.

In my absence, my child may be picked up by: ___________________________ (Name)

___________________________________________ (Name)

If my child is to be picked up by anyone else, I understand that I must contact the Summer Programs 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

HAMDEN HALL SUMMER 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 Hamden Hall Summer Programs will follow the guidelines set forth by the State of Connecticut. Any child suffering a suspected concussion will be immediately examined by the nurse 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