



2018-19 Autism Delaware-Social Group Parent/Guardian Consent Form

Participant Authorizations:

I give permission for my child, _____, to attend an Autism Delaware Social Group 2018-19.

I certify that the content of the information in this application and health history form is correct and any of the records necessary for treatment, referral, billing, or insurance are complete. If an incident occurs as a result of an omission or falsification of information, I understand that I will be held fully responsible.

The participant herein described has permission to engage in all activities, except as noted in this application.

I understand that the staff of Autism Delaware reserves the right to send my child home early or otherwise shorten their time at social group if my child's behaviors become such that staff are unable to keep him/her or others safe.

I give my permission (both during and after), for Autism Delaware to photograph my child and use the named camp participant's likeness, name, voice, or works in media releases and promotional materials for the purpose of communicating the mission and activities of Autism Delaware.

I understand that if an incident occurs as a result of my child's actions, intentional or otherwise, resulting in breakage, damage, or destruction to property or equipment during the Autism Delaware Social Group, I will be held liable for the amount necessary to repair or replace the property or equipment damaged or destroyed.

I give permission to the staff to arrange transportation for my child in the event of an emergency staff deems to require evacuation or medical care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to administer prescribed medications, and seek emergency medical treatment, including the ordering of x-rays or routine tests. I also understand and agree to abide by any restrictions placed on my child's participation in camp activities.

*****Please note: parent/guardian signatures are REQUIRED Applications received without signatures will be considered INCOMPLETE and will NOT be processed until complete application packet is received.*****

Parent/Guardian Signature _____

Date: _____

Printed name _____

Participant's Name: _____