PARENTAL AUTHORIZATION AND MEDICAL RELEASE

Date: June 2015

Minden City Arts Summer Art Camp

I, parent or guardian of the child whose name is listed on the same line with my signature below, hereby give approval to his/her participation in activities Minden City Arts Summer Art Camp. I also grant permission to managing and or teaching personnel to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in art camp activities, when neither parent/guardian is available to grant authorization for emergency treatment.

Child's Name	Signature of Parent/Guardian/Date	Allergies or Medications Special Needs