



Agassiz Baldwin Community

20 Sacramento Street Cambridge MA 02138

Phone: 617-349-6287 Fax: 617-497-4388

www.agassiz.org

Outback Summer Program Permissions Form

One child per form **Child's Name:** _____ **Birth Date:** _____

Emergency Medical Treatment

I hereby give Outback Summer Program permission to administer first aid and /or CPR to my child

_____ and/or take above mentioned child to the nearest hospital for
Child's Name medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

My preference for hospital, if possible, is _____ . I understand that
Name of hospital every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

Parent/Guardian Signature: _____ **Date:** _____

Sunscreen Permission

I hereby give permission for Outback staff to apply sunscreen to my child, _____, during program hours and at field trips. (Please provide your own sunscreen.)

Parent Signature: _____ **Date:** _____

General Permission

I hereby give the Outback Summer Program permission to take my child, _____ off the
Child's Name premises of the Outback Summer Program for walking field trips within 1 mile of the program.

Parent Signature: _____ **Date:** _____

Swim Permission (Grades 1-6 ONLY)

I hereby give permission for my child, _____ to attend free-swim at the Cambridge War Memorial Pool (1640 Cambridge Street, Cambridge, MA 02138). I understand that children will be supervised by a War Memorial Pool lifeguard on duty at all times. Please check one:

Yes, my child can swim and is expected to pass a swim test of one length of the regular pool.

My child cannot swim and can only use the wading pool (less than 3 feet deep).

No, I do not give permission for my child to attend free-swim.

Parent Signature: _____ **Date:** _____

Your Child In Media Permission

We love to capture our memories! Photos, videos, and other media are an important way to remember the fun times we've had. On occasion ABC might also use media for marketing purposes. Please check one:

____ Yes, I authorize Agassiz Baldwin Community to use media, and/or publish photographs, video, and other media of my child for commemorative and/or marketing purposes.

____ No, I **DO NOT** authorize Agassiz Baldwin Community to use media, and/or publish photographs, video, and other media of my child for commemorative and/or marketing purposes.

Parent/Guardian Signature: _____ **Date:** _____

Continues on back ->

Arrival and Departure Options (check all that apply)

My child will arrive at Outback by:

- Parent/guardian drop off
- Unsupervised walk (children 9 years and older)
- Other (describe): _____
- _____

My child will depart Outback by:

- Parent/guardian pick up
- Other adult pick up
- Unsupervised walk (children 9 years and older)
- Depart to Maud Morgan Arts
- Other (describe): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Workplace Informaion

#1 Name: _____ Workplace: _____ Phone #: _____

#2 Name: _____ Workplace: _____ Phone #: _____

#3 Name: _____ Workplace: _____ Phone #: _____

#4 Name: _____ Workplace: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____