



## **Gan Israel Day Camps Parent Feedback/Permission Form**

### **Permission for transportation:**

*Mini Gan only:* I, \_\_\_\_\_, hereby give permission for my child \_\_\_\_\_ to go on all trips that require walking.

Signature or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Junior & Senior Gan & Pioneers:* I, \_\_\_\_\_, hereby give permission for my child \_\_\_\_\_ to go on all trips that require walking or bussing.

Signature or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Permission to take photos**

Permission is hereby given for Camp Gan Israel/the Jewish ELC to use in promoting the camp and in other ventures directly relating to Camp Gan Israel/JELC/Chabad (i) digital, photographic, video, and audio images or likenesses of Student; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by the camper or originating from camp or from a camp related activity.

Signature or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Permission for bunk list**

Permission is hereby given for Camp Gan Israel to share a the camp bunk list with my child/children's name/names, parent/parent's name/names, home address, and cell/home phone number with Camp Gan Israel families.

Signature or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(over)** →

### **Permission to post my child's allergies**

Permission is hereby given to post my child's allergy for all who come into the classroom to be aware and to ensure that my child will not get this specific food.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Permission to Use Sunscreen**

- ◇ My child, \_\_\_\_\_, may have sunscreen applied to exposed skin areas when going outside on warm sunny days.
- ◇ I will provide a sunscreen with a sun protection factor (SPF) of 15 or more.
- ◇ I will mark my child's name on his/her sunscreen container with a permanent marker.

Signature or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to use Topical Ointment**

- ◇ My child, \_\_\_\_\_, may have topical over the counter ointment applied directly to their skin.
- ◇ These include: (Please check one or all that apply, and list others)

Neosporin [ ]      Triple Antibiotic ointment [ ]      Bacitracin [ ]  
 Vaseline [ ]      Other \_\_\_\_\_ [ ]      Other \_\_\_\_\_ [ ]

Signature or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgement of Parent Handbook review**

I acknowledge that I have received and reviewed the Camp Gan Israel Parent Handbook, dated for the 2019 summer, and understand the policies included therein. I further understand that if I have any questions about the interpretation or application of any policies contained in the Handbook, I should direct these questions to the camp director.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**(For Mini Gan only:) Permission to apply diaper cream/baby powder**

- ◇ My child, \_\_\_\_\_, may have diaper cream/baby powder applied to skin areas. I will provide diaper cream/powder for my child.
- ◇ I will mark my child's name on his/her diaper cream/powder container with a permanent marker.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**(For Mini Gan & Junior Gan only:) Napping Agreement (needed even if your child will not nap)**

I understand that my child \_\_\_\_\_ will rest on a cot/mat, which will be set up in the classroom.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_