

GREENVILLE COUNTY SCHOOLS

STUDENT EMERGENCY INFORMATION AND PERMISSION FORM

ANDROID PROGRAMMING CAMP

JULY 29 - AUGUST 2, 2013

My son/daughter _____, has my permission to attend the Android Programming Camp July 29 through August 2, 2013 at Southside High School in Greenville, South Carolina.

During this week I can be reached at:

Home phone _____ Cell phone _____

Work phone _____

LIMITED POWER OF ATTORNEY

If a serious emergency arises, it may be necessary for a physician to attend your son/daughter before the staff can get in touch with you. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter, _____ receives whatever medical treatment is necessary in case of sickness or accident.

List any medical exemptions (allergies, blood transfusion, etc.) for your child.

List any significant health problems.

My child is presently taking the following medicine prescribed by the doctor:

Name of medicine: _____

Amount taken: _____

Family Health Insurance Carrier _____

Policy number _____

_____ Date: _____

(Signature of Parent/Legal Guardian)