

**CHILD'S PERMISSION SLIP
OLIVE R TWIST OLIVE OIL CO. COOKING CAMP**

Child's Name: _____

Child's Birth Date: _____

Address: _____

Parent(s)/Guardian(s) Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Authorization for Pick-Up:

Please indicate the name, address and phone number of any other person(s) who you authorize to pick up your child on your behalf.

Name: _____

Address: _____

Phone: _____

Medical Information (list any allergies or other medical information you feel we should be aware of): _____

It is the policy of our program to notify a parent/guardian when a child is ill or needs medical attention. If we cannot contact a parent/guardian and we need to seek immediate medical help for the child, our procedure is to take the child to the nearest emergency center. Please sign below so that we can take appropriate action on behalf of your child if necessary.

I, _____, hereby give my consent for my child _____ to be taken to the nearest emergency center by the staff of Olive R Twist Olive Oil Co., in the event that I cannot be reached in the case of a medical emergency concerning my child. I consent to an ambulance being called to transport the child, if necessary.

Signature of Parent/Guardian

Date