

Koinonia School of Sports, Inc.

Rte. 21, P.O. Box 321

Thompson, CT, 06277

(860) 928-6420

2010 Full Day Summer Camp

Permission to Treat Minor Injuries

~ Please Read Carefully ~

I desire to engage my child, voluntarily, in Koinonia’s Summer Camp Program. I hereby give permission to the Koinonia staff to have my child transported to the nearest hospital in case of an emergency. I understand that the Koinonia staff is trained in Basic First Aid and CPR, and I authorize them to give my child necessary care – which includes treatments of cuts scrapes, bumps and bruises, and bee stings on any body parts. Treatments will consist of: cuts and scrapes: cleaning with soap and water and an application of a band aid. Bumps, bruises and bee stings are treated with the application of ice. Any aches (including stomach, head, ear, throat, poison ivy, and eye irritations) the child will be sent home. If your child develops and of the above conditions you will be notified and required to arrange for pick up as soon as possible.

Name of Camper: _____

Parent/Guardian: _____ Date: _____

PARENTS: PLEASE DISCUSS THIS POLICY WITH YOUR CHILD(REN).

Zero-Tolerance Policy:

In order to provide a happy and safe social environment for all campers and staff, this policy will be strictly adhered to. This policy will include, but not be limited to inappropriate language and behavior, sexual harassment, verbal abuse and blatant acts of aggression. If a camper is caught being aggressive toward staff or another camper, parents will be called to remove the child from camp for the remainder of the day. Lesser violations will require appropriate time outs depending on the age of the child and the degree of the violation. If a camper needs to be removed twice in one week, he/she will not be allowed to return for the remainder of that week. *There will be no refund when a child is removed from camp.*

Child’s Signature

Parent’s Signature

Date signed