



# Amy Hanssen's Training Center, Inc.

TRAINING•LESSONS•BOARDING

Rt.77ChestnutRidgeRoad•Middleport,NewYork

**716-735-7988**

2020 PERMISSION SLIP

# SUMMER CAMP

Child's Name: \_\_\_\_\_

I give my son/daughter permission to attend Amy Hanssen's Training Center's Summer Camp for the sessions he/she registered for. My child has permission to participate in horsebackriding, field trips, arts & crafts, education, games and other daily activities as scheduled by The Center. I authorize Amy Hanssen's Training Center to use photographs of our child for publicity and promotion of The Center, including use on their website.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Permission to Provide Necessary Treatment of Emergency Care

In case of medical emergency, I understand that every effort will be made to contact parents/guardians of children. In the event that they may not be reached, I hereby give permission to the medical personnel selected by the Director (Amy Hanssen) to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child.

Parent/Guardian Signature ONLY: \_\_\_\_\_

Date: \_\_\_\_\_

## Emergency Contact Numbers

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list any medical issues that may be of concern (allergies, etc.):**

\_\_\_\_\_

T-shirt size? \_\_\_\_\_