

**FAIR ACRES
SUMMER DAY CAMP**

35 FAIR ACRES DR. MARSTONS MILLS, MA 02648

PH (508) 420-3288 FAX (508) 420-1710

www.FairAcresCapeCod.com

CHILD'S NAME _____
ADDRESS _____

PHOTOGRAPHS

I hereby grant permission for my child to be photographed by the staff at Fair Acres Country Day School, Inc., for the following purposes:

_____ Camp Activities _____ Camp Publications _____ Fair Acres Website

I understand that no photographs of my child will be released to the media without my written consent.

Parent Signature _____ Date _____

AUTHORIZATION FOR SUNSCREEN AND FIRST AID

I authorize Fair Acres Country Day School to administer the following non-prescription medication to the above named child when necessary:

_____ Sunscreen _____ First Aid Cream

Parent Signature _____ Date _____