

■ Parental Consent Form

I, the undersigned, authorize my child to participate in all activities organized by Camp Sylva. I understand that the camp staff will take all necessary precautions to ensure the safety and well-being of my child.

I consent to basic first aid being administered if needed and to emergency medical care being sought if required. I confirm that I have informed the camp of any relevant allergies or medical conditions.

I agree that photos or videos taken during the camp may be used for internal or promotional purposes.

Child's Full Name:	_____
Date of Birth:	_____
Parent/Guardian Name:	_____
Signature:	_____
Date:	_____