



To be completed by Parent or Guardian:

I give permission for _____ to participate in the Jay M. Robinson Vex Robotics Summer Camp. I certify that my child is covered by our family health insurance policy. In the unlikely event that she/he is injured, I give my permission of a doctor to administer appropriate treatment. I release Cabarrus County Schools from all claims resulting from injuries which may be sustained by my daughter / son while attending Camp.

If there is any health concerns we need to be aware of please list below.

Printed name of Parent / Guardian _____

Parent / Guardian Signature _____ **Date:** _____