



**PERMISSION FORM
For
FIT CAMP**

By signing up for FIT Camp your child will be participating exercise activities and has no limitations on participation in these activities: If there are limitations please list; _____

This class is held at the (Please check one)

- Hamlin Elementary
- Duval Middle School
- West Hamlin Elementary
- Gilbert Site- LJHCC

Please check if you would like your child to receive these free medical services the week of FIT Camp. We will give your child the order for the Lab Work and you can take them at your convenience to one of our locations.

- Labwork (Lipid Profile and Blood Sugar), height and weight analysis
We supply you with the lab order to take your child to one of our facilities.**

Please check if you agree in case of emergency

- I give permission for the teacher/escort in charge to act on my behalf to take measures they deem necessary in the event of sickness or injury during the camp. I agree to pay for any medical expenses for my son/daughter whose name appears above.

Please check one: I hereby give my permission for my child's picture and name to appear on the Lincoln Primary Care Center Website or media in conjunction with FIT CAMP news and events.

- Yes
- No

I give my permission for _____ (Childs Name) to participate in the Lincoln Primary Care Center FIT Camp in collaboration with the Larry Joe Harless Community Center.

Parent/Guardian's Signature

Date

Printed Parent Name