



SUMMER CAMP PERMISSION SLIP

I give permission for my daughter/son, _____ to participate in Summer Art Camp, any field trips and all activities with Creative IQ Art Studio from June 15 through August 14, 2020.

The collective effort and sacrifice of San Francisco residents staying at home limited the spread of COVID-19. But community transmission of COVID-19 within San Francisco continues, including transmission by individuals who are infected and contagious, but have no symptoms. Infected persons are contagious 48 hours before developing symptoms (“pre-symptomatic”), and many are contagious without ever developing symptoms (“asymptomatic”). Pre-symptomatic and asymptomatic people are likely unaware that they have COVID-19. The availability of childcare and summer camp is an important step in the resumption of activities. However, the decision by the Health Officer to allow childcare and summer camps for all families at facilities that follow required safety rules, does not mean that attending childcare or summer camp is free of risk. Enrolling a child in childcare or summer camp could increase the risk of the child becoming infected with COVID-19. While the majority of children that become infected do well, there is still much more to learn about coronavirus in children, including from recent reports of Multisystem Inflammatory Syndrome in Children (MIS-C). Each parent or guardian must determine for themselves if they are willing to take the risk of enrolling their child in childcare/summer camp, including whether they need to take additional precautions to protect the health of their child and others in the household. They should particularly consider the risks to household members who are adults 60 years or older, or anyone who has an underlying medical condition. Parents and guardians may want to discuss these risks and their concerns with their pediatrician or other health care provider. More information about COVID-19, MIS-C, and those at higher risk for serious illness is available on the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-ncov/>.

I understand the risks associated with enrolling my child in summer camp, and agree to assume the risks to my child and my household. I also agree to follow all safety requirements that the summer camp imposes as a condition of enrolling my child.

I am aware that participation in this camp/class has some inherent risks, that injuries can and may occur: on rare occasions these injuries can cause temporary or permanent paralysis or death. In consideration for my son/daughter being allowed to participate in Creative IQ Art Studio’s Art Camp, I assume the risk of all injury and liability, and agree not to sue or hold liable Creative IQ Art Studio, it’s owners, administrators, instructors, counselors, staff, agents, affiliates or volunteers for any and all injuries caused by or resulting from any participation in the named program.

I also authorize the Creative IQ staff to seek emergency medical care for my son/daughter by my signature below. I agree that in the event my child is injured as a result of his/her participation in the activities, whether or not caused by the negligence (active or passive) of Creative IQ, or any of its owners, agents, employees, or volunteers, recourse for the payment of any resulting hospital, medical, or related cost and expenses will be my own responsibility to pay in full and will first be had against any accident, hospital, medical, or any other available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity. I hereby give permission to the physician selected by the school supervisory personnel present to render medical treatment necessary and appropriate by the physician. I also authorize Creative IQ Art Studio staff to take and use photos for promotional purposes, that may include my son/daughter during art activities.

I have read the release form thoroughly and understand clearly all the details outlined above.

Physician: _____ **Physician Phone:** _____

Alternate Emergency Contact: _____ **Phone:** _____

Parent/Guardian Signature _____ **Date of Signature** _____

Parent/Guardian Name (printed) _____ **Daytime Phone** _____