



**PINELLAS
TECHNICAL
COLLEGE**

Parent/Guardian Permission Form

Dear Parent/Guardian,

As part of Pinellas Technical College Summer Program Camp, students will participate in hands-on learning activities. These activities are designed to teach confidence-building skills. Due to the large number of participants, we are unfortunately unable to accommodate individual food allergy or dietary requests. Participants with specific dietary needs may wish to bring their own food to ensure their requirements are met.

Questionnaire:

Does the student have any medical concerns? _____

Does the student have any allergies? (i.e. food/ chemicals/products/ latex) _____

Does the student have problems standing for more than 4 hours? _____

Consent Statement:

I give permission for my child to participate in the Pinellas Technical College Summer Camp.

Student Name: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent email address: _____

Emergency Contact Name: _____ Phone Number: _____