



FOR THE PERHAPS NURSING 2 DAY NURSING CAMP

Held at Scott School of Careers-South
3328 W 159th Street Ste. D
Markham IL 60428



A Request for Permission to Attend Perhaps Nursing 2 Day Nursing Camp

Parent or guardian must fill out and sign the form. Parent and student must submit Valid State I.D.
(Please return to us by March 31. Payment of \$199 due by 3/31, \$100 due 4/30, Final \$100 Due 5/31.

Name of Student: _____

Name of Program: _____

Name of Parent and/or Guardian: _____

Contact Information: _____

I grant permission to Scott School of Careers to use the photo of _____ in its publications, including all Perhaps Nursing Marketing. I understand that photos, videos, etc will become property of Scott School of Careers and release all claims to use of media

I certify that I have adequate insurance to cover my student camper in the event that medical attention becomes necessary

I voluntarily release, forever discharge and agree to indemnify hold harmless both Scott School of Careers and Perhaps Nursing from any and all claims, demands, or causes of action, which are in any way in connection with my student campers' participation in the 2-day Nursing camp

I agree to the payment terms set forth and will make all payments as arranged until total \$399 is paid off

I acknowledge and confirm that my student camper can participate in all activities being conducted at Scott School of Careers via their Perhaps Nursing 2 Day Nursing Camp.

I have read and understood the terms set forth in this permission slip.

Signature of Parent and/or Guardian
Over Printed Name