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Emergency Release for Camps/Classes

Camp Name: _____ Camp Dates: _____

Student Name: _____ DOB: _____

School Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: H _____ C _____ W _____

Email: _____

Emergency Contact Name: _____

Phone Number: H _____ C _____ W _____

Secondary Emergency Contact: _____

Phone Number: H _____ C _____ W _____

Please explain any "yes" answers on the lines below:

Does the student wear glasses? Yes No _____

Currently on medications? Yes No _____

Any known allergies? Yes No _____

I would like to give my permission to Oregon Tutor to use photos of my student on their website, fliers, promotional materials, etc. Yes _____ No _____

I would like to give my permission for Oregon Tutor to email me marketing materials in order to keep me aware of services and events that might interest me. Yes _____ No _____

Printed Name: _____

Signature: _____

Date: _____