

Re: \_\_\_\_\_  
DOB: \_\_\_\_\_

#### Obtain/Release Information & Auxiliary Services

Consent I, \_\_\_\_\_, hereby authorize Kids on Campus at Bucks County Community College staff including but not limited to the Camp Director, Guidance Counselor, Instructors and Assistants, to release/obtain information from:

Name of Person/Agency

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Address of Person/Agency

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The above information is released for the following purposes:

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Auxiliary Services Consent I consent to auxiliary services provided by (Name of Person/Agency (and address, if different from above))

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which include the following: (please include type of service (observation, one-on-one) and frequency)

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Parent/Guardian Print: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_