

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

\_\_\_\_\_

Address of Person/Agency

\_\_\_\_\_

The above information is released for the following purposes:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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