



Camp AweSum
1487 Moon Beach Rd.
St. Germain, WI 54558
campawesum@ucci.org

AUTHORIZATION FOR TWO-WAY RELEASE OF INFORMATION

STUDENT NAME _____

DATE OF BIRTH _____

I hereby authorize _____ (name of school district)

_____ (name of school)

_____ (mailing address of school)

AND _____ (pertinent school personnel) who can best be reached at _____ (email and/or phone)

To release information/records for the purpose listed below, to:

Camp AweSum, Inc.
1487 Moon Beach Rd.
St. Germain, WI 54558

This Authorization is valid for on calendar year. The release expires on December 31, 2017. I understand that I may revoke this Authorization at any time by submitting written notice of the withdrawal of my consent.

Description:

The information to be disclosed consists of:

1. Survey supplied by Camp AweSum, Inc. to be completed by the classroom teacher or Special Education teacher(s) and or
2. Phone/email conversation between classroom/Special Education teacher and Camp AweSum, Inc. staff

Purpose:

This information will be used to plan activities, interventions and a safe environment while attending Camp AweSum.

Parent/Guardian Signature

Date