

Summer Camp Permission for Information and Emergency Treatment Form

Full Name (first, middle, last) _____

Gender (Circle): M F Grade: _____

Parent or Guardian with whom student resides: _____

Address _____ City _____, GA Zip _____

Mother's Phone: Home _____ Cell _____ Work _____

Father's Phone: Home _____ Cell _____ Work _____

E-mail: Mother _____ Father _____

Physician Information

Name _____ Phone _____

Emergency Contact Information

Please list 2 people to contact if we cannot reach parents.

Name _____ Relationship _____

Phone: Home _____ Cell _____ Work _____

Name _____ Relationship _____

Phone: Home _____ Cell _____ Work _____

Insurance Information

Policyholder's ID Number _____ Employer _____

Group Name _____ Group Number _____

Effective Date _____

Insurance Company _____

Address _____ City _____ State _____ Zip _____

Phone: _____

Preferred Hospital/Emergency Room _____

Medication Information and Permission

Please list all current medications, allergies and treatments required:

(check box for "yes"):

- Asthma Inhaler
- Epi-Pen

If your child uses an inhaler or epi-pen, please bring the first day of camp and give to the camp staff with your child's name on every item. Camp Staff will maintain asthmas inhalers/epi-pens in emergency packs.

Camp Staff have my permission to administer the following to my student without verbal contact

(check box for "yes"):

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Cough drop |
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Antihistamine (Benadryl) |
| <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Decongestant (Sudafed) |

Release for Emergency Treatment

I understand that in case of an emergency, the school will make every reasonable effort to contact the parents and the physician names on this form. Should this not be possible, I give permission for emergency treatment to be given by available medical personnel.

Student may be released to the following without contacting parent:

NAME

PHONE

Participant Consent, Release, and Waiver

I, the undersigned parent or guardian of above-named child (hereafter called "Minor"), do hereby consent to his/her participation in day or extended field trips and/or extra-curricular activities organized or supervised by Whitefield Academy, Inc. personnel for the duration of his/her enrollment and/or attendance at Whitefield Academy. In consideration of Minor's enrollment in Whitefield Academy, Inc., I hereby assume any risk occasioned by such participation and release, forever discharge, and agree to indemnify and hold harmless Whitefield Academy, Inc. and its departments, officers, employees, and agents, (hereafter collectively referred to as "Whitefield"), from any and all claims, damages, losses, or expenses of whatever kind or nature, including any such claims which allege negligent acts or omissions of Whitefield, that I may have or acquire as the parent or guardian of said Minor arising out of or resulting, directly or indirectly, from said Minor's participation in the field trips and/or extra-curricular activities. I also release, forever discharge, and agree to indemnify and hold harmless Whitefield from any and all claims, damages, losses, or expenses of whatever kind or nature, including any such claims which allege negligent acts or omissions of Whitefield, that said Minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the field trips and/or extracurricular activities. I certify that I have adequate insurance to cover any injury or damage Minor may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition Minor may have. Should Whitefield or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this Participant Consent, Release, and Waiver, I agree to indemnify and hold them harmless for all such fees and costs.

I hereby authorize Whitefield Academy's employee(s) or agent(s) supervising said Minor to act on our behalf in authorizing and consenting to emergency medical care for said Minor if he/she becomes ill or is injured while participating in the field trips and/or extracurricular activities. This Participant Consent, Release, and Waiver may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I release and discharge Whitefield from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Consent, Release, and Waiver in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Consent, Release, and Waiver releases Whitefield from liability and contains acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Consent, Release, and Waiver constitutes a guarantee that an event will occur. I, in and on behalf of Minor, have signed this document voluntarily and of my own free will.

- **I have read the Summer Camp Parent Packet.**

Parent/Guardian Signature _____ **Date** _____