



Summer Camp 2018 Emergency Information and Release Form

Child's Name:		Child's Date of Birth:	
Child's Address:			
	Name	Phone	Relationship
Parent 1:		() -	
Parent 2:		() -	
Emergency Contact:		() -	
Others Authorized to Pick Up Your Child:		() -	

Please list any **allergies, medical issues, special dietary needs or prescription medications** your child has or needs during camp:

Health Insurance Information

Company: _____ Policy/Group#: _____ Family Doctor: _____ Phone: _____

Consent to Treatment of a Minor

I, _____ the parent /guardian of the above child understand that Da Vinci Waldorf School Summer Camp does not employ a nurse or any medical personnel. I hereby give permission to Da Vinci Waldorf School Summer Camp staff to provide routine first aid to my child as needed. I understand that in the event of an emergency Da Vinci Waldorf School Summer Camp will call 911 and notify me or my designated emergency contact listed below. I hereby give permission for any necessary treatment, including hospitalization if necessary

Over the Counter Medications: I understand Da Vinci Waldorf Summer Camp does not keep over-the-counter medication on hand for campers. If my child needs over-the-counter medications, I agree to bring them in a zip-top bag marked with my child's name and written dosage instructions and give them to my child's camp teacher.

Medical Release: I do hereby authorize Da Vinci Waldorf School (DVWS) and the representatives of DVWS, as agent(s) for the undersigned, to consent to or sign any waiver of release required for X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and rendered under general or special provision of any paramedic, licensed physician, or surgeon of the medical staff of any hospital. It is understood that efforts shall be made to contact the undersigned prior to the rendering of treatment of the patient, but that none of the above treatment shall be withheld if the undersigned cannot be reached. This authorization shall remain effective through the 2018 summer camp enrollment dates.

Permission to Take Hikes and Field Trips: I give permission for my child to hike with faculty to nearby parks, library, or play areas. For grade school students, I give permission to drive my child to nearby destinations for hiking and swimming. I will supply a car seat or booster seat for my child if required by law.

Parent/Guardian Signature _____ Date _____