

Camp(s) you child is attending: _____, _____, _____

Dates : _____, _____, _____

Emergency Information and Permission and Sign in/out Authorization Forms

Camper's Name _____ Date of Birth _____ Grade in the Fall _____

Address _____ Phone _____

In case of Accident, please notify:

Name _____ Relation _____

Address _____ Phone _____

If above person cannot be reached, please notify:

Name _____ Relation _____

Address _____ Phone _____

*Date of most recent tetanus booster (should be within last 3-8 yrs.) _____

*Does the camper have a history of: (Please check if applicable.)

Allergies (i.e. food, insects, etc.) Epilepsy

Asthma High Blood Pressure

Back Ailments Heart Condition

Diabetes Other (specify)

(attach additional sheets if necessary)

*If you have checked any of the above, please explain as completely as possible & include any major illnesses or operations in the last 6 months:

Condition: _____ Date: _____ Medical Treatment: _____

*Please list any present medical problems, and explain:

Condition: _____ Date: _____ Medical Treatment: _____

Medication to be taken while at Asbury Woods:

Name _____ Amount _____ Time _____

Dietary Restrictions: _____

*Does your child have any special needs including learning support, emotional support or mobility challenges that we need to be aware of?

*Please describe any accommodations your child requires to participate in camp activities.

In case of emergency, may we have your permission to call a doctor & have him attend, treat, & give medication by mouth or injection, including toxoids or antibiotics?

()Yes ()No

Signature of Parent or Guardian _____ Date _____

Photograph and Video Production Release: I hereby grant the Asbury Woods Partnership permission to use, in any way, photographs or videotape footage of myself for any Asbury Woods Partnership project. In doing so, I release the Asbury Woods Partnership, and all people associated with the Asbury Woods Partnership of any liability pertaining to the use of said photographs or video footage. I realize that by signing the agreement, the use of the said photographs is determined by the Asbury Woods Partnership, and the photographs and video footage, unless a prior agreement has been arranged, will become property of the Asbury Woods Partnership.

Parent/Guardian Signature

Release from Injury Claims: On behalf of myself and any of my minor children listed below as applicants for whom I have the authority to sign this Release, I give permission to attend and participate in Summer Camp Week(s) _____. I hereby release and discharge the Asbury Woods Partnership, Millcreek Township School District, their agents, employees, staff members, directors, officers and volunteers from any claims, responsibilities or liabilities for any injuries or harm incurred as a result of or in any way related to my participation and/or my child's participation in Asbury Woods Summer Camp.

Child's Name: _____

Date: _____

Parent/Guardian Signature

Pick-up Authorization: I give the following person(s) permission to pick my child

_____, from Summer Camp:
(Child's name)

1. _____
2. _____
3. _____
4. _____
5. _____