

CAROLINA FRIENDS SUMMER PROGRAMS 2008

PERMISSION AND EMERGENCY NOTIFICATION

Child's name _____ Birthdate _____

PERMISSION & LIABILITY WAIVER:

The camper, named above, has permission to fully participate in all Carolina Friends Summer Program activities during the 2008 summer term. I, as parent or legal guardian, do hereby grant the CFS staff the right to authorize emergency medical treatment for the camper named above in the event that I or my designated representative cannot be reached. I agree to hold harmless CFS and its agents from liability arising out of an accident situation. The NC Good Samaritan Law will apply. Our Emergency Procedures steps involve a) calling 911 in a life-threatening emergency, then contacting parents; b) for non-emergency treatment, parents are called first, then relatives/friends listed, then paramedics or child's physician. We will transport to the ER on physician's recommendation.

Signature: _____ Relationship: _____ Date: _____

PARENT INFORMATION:

Parent/Guardian: _____ Email: _____ @ _____ . _____ . _____ (please print)

Phone: Home: _____ Work: _____ Cell: _____

Address: (if different from registration form) _____

Parent/Guardian: _____ Email: _____

Phone: Home: _____ Work: _____ Cell: _____

Address: (if different from registration form) _____

Names of relatives or friends in the event that parents/guardians cannot be reached: (VERY IMPORTANT)

Name : _____ Work phone: _____ Home: _____ Cell: _____

Name : _____ Work phone: _____ Home: _____ Cell: _____

Significant Medical Information:

Family Physician: _____ Phone: _____ Dentist: _____ Phone: _____

Health Insurance Co: _____ Policy #: _____ Holder: _____

Hospital preference: _____ Chronic conditions: _____

Allergies (medications, insect stings, food, & other) & other medical or developmental information (attach separate sheet):

Date of last tetanus shot or current? _____ Contact lenses? _____ Asthma inhaler? _____

Current medications: (do not list vitamins/do include bee sting kits) _____

If your child needs Ibuprofen, Tylenol or other medication during the day and you would like CFS personnel to provide any of these medicines, please sign below to authorize him/her to do so. I give permission to provide to my child:

Ibuprofen ___ Tylenol ___ Other _____ Signature: _____

FIELD TRIP PERMISSION & PUBLICITY RELEASE FORM:

My child has my permission to participate in field trips and neighborhood walks and other activities off the school grounds that are supervised by the staff of CFS in which my child is enrolled. I understand that all children if they go on field trips will travel in authorized vehicles and in seat belts when in the vehicles. (Note: CFS assumes no financial responsibility or liability for injuries during such activities. Permission for your child to attend a CFS Summer Program constitutes your agreement to this waiver.) Note: Ages 5-8, only Kidspace will travel off campus. Workshops in other age groups may take field trips with notification.

Signed _____ Date ___ / ___ / 2008

PHOTOGRAPHY PERMISSION:

_____ We occasionally use photos of summer camp activities (without students' names listed) for publicity. If you DO NOT want photos of your child used in publicity, you must attach a recent photo of your child with written instruction to that effect. You can write NO PHOTO ALLOWED on the back with your initials.