



# 2011 Exploration Summer Camp Emergency Medical Information

Student's Name \_\_\_\_\_ ( ) Male ( ) Female

Student lives with ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work/Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contact Information

The Camp may contact the following persons if unable to reach a parent. All families are required to list at least ONE emergency contact person other than the parents.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## Authorization and Consent for Medical Treatment

Student's Name \_\_\_\_\_

In the event that I am unable to be reached, I hereby authorize the bearer, who is on the staff of the Exploration Summer Camp at the Montessori Academy at Edison Lakes, to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

## Transportation Authorization

I authorize the following person(s) to pick up my child. I understand that person(s) other than those listed below are not authorized to pick up my child unless I provide additions to this list in person or in writing, except in an emergency where I may provide verbal authorization by telephone. (Permission is implied for mother and father listed above unless otherwise stated)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Parental Consent and Release Form

### Part 1 Medical Condition to be watched

No, my child does not have a medical condition that requires attention

Yes, my child has a medical condition that requires attention

(i.e. allergies to medicine, food, sun, nuts, bees, etc.)

If yes, please explain: \_\_\_\_\_

### Part 2 Risk and Danger Release

I/We acknowledge that the participant knows and appreciates the risks and dangers involved in camp participation and is assuming all risks of injury and damage incident to his/her participation in the camp activity; further in consideration of the permission granted to the participant to participate in camp activity, I/we do hereby release, discharge and relinquish the school, The Montessori Academy at Edison Lakes, and the Exploration Summer Camp, their representatives, agents, officers, employees, and officials from all claims, demands, actions, and causes of actions of any sort for injuries sustained by the participants for me/us and from any damages to the participants or my/our property.

### Part 3 Medical Notice and Physical Ability

Parents of children participating in the Montessori Academy's Exploration Summer Camp Program are strongly encouraged to arrange for the child to have an annual physical examination by a physician prior to their child's participation.

### Part 4 Travel Notice

In consideration that my child is being transported to and is participating in camp activities (including biking, canoeing, aircraft flight, and model rocket launches), and on behalf of my child, my spouse, myself and my child's estate, I hereby recognize that such an activity may expose my child to risks and hazards not ordinarily encountered at school. I release the Exploration Summer Camp and the Montessori Academy at Edison Lakes from all claims, judgments and liability that my child, his/her estate or my spouse now has or may ever have due to my child's participation in this event. I acknowledge that the Exploration Summer Camp and The Montessori Academy at Edison Lakes will not be responsible for any liabilities incurred during the transportation and participation of my child to, from, and during events.

### Part 5 Medical Treatment Release

I/We hereby authorize the representatives of the Exploration Summer Camp and The Montessori Academy at Edison Lakes to act for me/us to their best judgment in any emergency requiring medical attention and I/we hereby waive and release Exploration Summer Camp and The Montessori Academy at Edison Lakes, its administration, staff, and instructors of all liability for any illness or injury while participating in the Exploration Summer Camp program.

I/We have READ and UNDERSTAND ALL SECTIONS of this Consent & Release form. Accepting all releases and information stated herein, I/we hereby give consent for my/our child to participate in Exploration Summer Camp program at The Montessori Academy at Edison Lakes, and be transported to and from events.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Name and Telephone Number \_\_\_\_\_