

Garden Montessori ~ Summer Camp Emergency Contact & Medical Waiver

Child's Full Legal Name: _____ Birth Date: _____

Address: _____

Please rank phone numbers (1,2,3) in the order you wish to be called.

Father's Name: _____

Mother's Name: _____

__ Home: _____

__ Home: _____

__ Cell: _____

__ Cell: _____

__ Work: _____

__ Work: _____

Email: _____

Email: _____

Place of Employment: _____

Place of Employment: _____

**In case of accident or illness in camp and parents cannot be located,
please list contacts who have permission to pick up your child.**

Contact's Name: _____

Contact's Name: _____

Relationship: _____

Relationship: _____

__ Home: _____

__ Home: _____

__ Cell: _____

__ Cell: _____

__ Work: _____

__ Work: _____

In Case of Emergency

Medical Insurance Company: _____

Policy Number: _____

Medical Waiver and Authorization

I certify that my child is in good health and can participate in all normal activities of the group. Listed on the reverse side are any health concerns regarding my child (diabetes, history of epilepsy, allergies, etc.) and any medication that might be needed. I hereby give permission to Garden Montessori Camp to seek emergency medical treatment for the minor / child _____.

I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to Garden Montessori Camp staff to arrange necessary related transportation for the minor child named above.

In case of medical emergency, every reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission for the medical personnel selected by Garden Montessori Camp staff to secure and administer medical treatment including to hospitalize, order and administer medications and anesthesia, perform x-rays, special procedures, or surgery, if deemed medically necessary for the minor child named above, for which charges I shall be responsible and agree to pay.

Parent / Guardian Signature: _____

Date: _____

Health Record

May answer YES or NO – Give dates if applicable

Heart Disease: _____

Allergies: (Please be specific) Under doctor's care? Yes No

Diabetes: _____

Food: _____

Epilepsy: _____

Bee Stings: _____

Seizures or Convulsions: _____

Other: _____

Ear Problems / Tubes: _____

Epi Pen? Yes No

Vision problems: _____

Asthma Yes No Under Doctor's Care? Yes No

Does your child wear glasses? Yes No

** If your child has an allergy, please attach a piece of paper describing*

Asthma Yes No Under Doctor's Care? Yes No

the allergy – specific allergen(s), reaction, treatment, etc.

Other serious illness or handicap: _____

Operations (type and date): _____

Are there any restrictions to your child's physical activity? _____

* Is your child presently taking prescribed medication? (Yes/No) If yes, please list: _____

** Please Note: Garden Montessori Camp staff are not permitted to administer any medication, except in case of allergic reaction or asthma.*

Is your child a vegetarian? Yes No If yes, please specify if your child eats eggs or consumes milk products: _____

Does your child have any fears of which we should be aware? _____

Does your child need any assistance of which we should be aware? _____

Do you have any concerns about camp that you would like us to address? _____

Consent Form

I agree to the taking of photographs of my child during camp activities, for the use by the school in educating students, promoting the camps / school, and public education. I also agree to the publication of photographs or samples of work in ways including, but not limited to: school newsletters online and in hardcopy, promotional literature, web sites, and the local newspaper, subject to the conditions set out above. I will notify Garden Montessori if I decide to withdraw this consent.

Name of Student: _____

Signature of Parent/Guardian: _____ Date: _____

This summer camp program is held **the Garden Montessori School**. I, the parent / legal guardian of the minor / camper, have read, understood, and agree to the above.

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____