



## EMERGENCY AND MEDICAL INFORMATION

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### IN CASE OF EMERGENCY

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

Phone Number during school/camp hours: ( ) \_\_\_\_\_

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

Phone Number during school/camp hours: ( ) \_\_\_\_\_

The following persons **ARE** allowed to pick up my child:

1. \_\_\_\_\_  
Name Relationship

2. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ My child has permission to go home on his/her own at the close of the program

### Medical and Immunization Information:

Physician's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child been immunized? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this participant have any illness, medical problems or disabilities that may interfere with dance/sports related physical activity?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, describe \_\_\_\_\_

Special dietary needs Explain. \_\_\_\_\_

RELIGIOUS OBJECTION: I am the parent/guardian of the child identified on the reverse side. Because of my bona fide religious beliefs and practices, I object to any immunization being given to my child.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Please list any health problems:

Illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Medications: \_\_\_\_\_

*NOTE: STAFF CAN NOT ADMINISTER MEDICATION TO PARTICIPANTS*

## Authorization for Participation and Emergency Medical Treatment

If my child, \_\_\_\_\_, should become ill or injured at the RFLM and OWCAS Summer Camp Program, I understand that RFLM and OWCAS will contact me immediately or contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the contact person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I grant permission for my child to participate in all activities in and around the City Neighbors Charter School as part of the Before/After Care Program as included in the program description. Further, I agree to assume all risks and liabilities associated with my child's participation in said programs and to hold the OWCAS and City Neighbors Charter School harmless from all claims which may arise as a result of such participation. I will accept responsibility for payment of medical services rendered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## PARENT AGREEMENT

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### CAMPER CODE OF CONDUCT

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items, etc.). I will respect counselors, directors, and other campers by not using foul language, name calling or fighting. I will follow all safety rules set forth by the camp staff.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to help my child abide by this code of conduct.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about this camp? \_\_\_\_\_

