



2019 SUMMER CAMPS

STUDENT HEALTH & EMERGENCY INFORMATION & RELEASE FORM

CHILD'S NAME: _____ Birthdate: _____ Grade at school for 2019-20 year: _____

PARENT / LEGAL GUARDIAN NAME: _____ Phone: _____

Home Address: _____

E-mail Address: _____

NON-EMERGENCY MEDICAL INFORMATION

Known Allergies _____

***If your student has allergies that might require medical attention, please complete the Emergency Health Care Allergy Form*

List OTC & Prescription Medications permitted or required (during camp): _____

***If OTC or prescription medications are to be administered during our summer camp, a current Request for Administration of Medication (signed by physician) must be on file.*

OTHER ADULTS AUTHORIZED FOR PICK-UP and / or EMERGENCY CONTACT

Name: _____ PICK-UP EMERGENCY CONTACT

Phone: _____ Relationship: _____

Address: _____

OTHER ADULTS AUTHORIZED FOR PICK-UP and / or EMERGENCY CONTACT

Name: _____ PICK-UP EMERGENCY CONTACT

Phone: _____ Relationship: _____

Address: _____

EQUIPMENT USE AND FINANCIAL LIABILITY

AGREEMENT By signing below, I/we agree to assume full financial responsibility for my/our child's use of The Gardner School's equipment, including repair and/or replacement in the event of loss or damage caused by my/our child, whether accidental or otherwise. This equipment includes but is not limited to school computers, computer carts, printers, audio/visual equipment, lighting equipment, sound equipment, instruments, and cameras.

PHOTO & MEDIA RELEASE

By answering Yes below, I/we grant permission for my/our child's photograph, video image, and/or voice recording to be used in school print and digital publications and communications, school marketing and promotional materials and publications, the school website, Facebook, or Instagram. Student names will not be used. I/We understand and further acknowledge that The Gardner School has no control over and is not responsible for how others use images they obtain from school publications, the school's website, or the school's social media platforms. An answer of No shall not apply to publications produced or in production prior to the date of revocation. I/We understand that many administrative functions of a school, like the publication of a school yearbook, the production of student IDs, and the maintaining of a school directory may require the inclusion of my/our child's image and I/we understand that my/our lack of consent herein does not limit these necessary administrative uses.

Yes No

RELEASE FOR EMERGENCY MEDICAL TREATMENT

By signing below, I/we give The Gardner School permission to authorize emergency care if the School is unable to reach me/us or an authorized person named on my/our child's emergency contact form. This authorization allows The Gardner School to act as agent for my/our child to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and surgeon of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of The Gardner School to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. I/We acknowledge that I/we are solely responsible for any costs associated with said consent and medical treatment.

MEDICATION POLICY

Students pay not possess or carry on their person any over the counter or prescription medications, including vitamins and common medications like aspirin, Tylenor or cough drops. All medications must be kept in the school office and administered by the Office Manager. If your child needs ANY medication whatsoever during the day at summer camp (including over-the counter pain relievers), **you will need to fill out a Request for the Administration of Medication and have it signed by your physician.**

PERMISSION FOR SCHOOL SPONSORED FIELD TRIPS & ACTIVITIES

By signing below, I/we grant permission for my/our child to participate in the activities and field trips of The Gardner School. I/We acknowledge that even with adult supervision, sometimes activities involve the possibility of injury and that I/we agree to assume and accept the risks associated with my/our child's participation in the activity, including transportation. I/We also grant The Gardner School, its staff members, and any parent or other volunteers participating in the activity or field trip permission to obtain emergency treatment for my/our child as deemed necessary or appropriate, and I/we agree that The Gardner School, its officers, directors, staff members, and volunteers shall not have any liability for taking such action.

RELEASE OF LIABILITY

Program activities include time spent outdoors in a rural environment that includes a natural wetlands. Participants may be exposed to bees, hornets, yellow jackets, mosquitos, tics, and other potential hazards reasonably common to a natural environment. All parents and legal guardians, agree to protect, indemnify, and hold harmless The Gardner School, its board members, employees and staff from any and all claims, liabilities, damages or expenses (including defense costs) arising directly or indirectly from, or in any way related to their child's participation in programming and use of The Gardner School facilities and campus.

Signature of Parent / Legal Guardian

Printed Name

Date