

PERMISSION, HEALTH AND MEDIA FORM
for
Summer Farm and Science Camp



Please print

Participant Information

Date of Session _____

Please complete one form for each child.

Name of Child _____ Age _____ Gender M/F _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone Day _____ Cell _____

Email _____

Secondary Emergency Contact _____ Phone (day) _____

I do hereby grant my permission for the above-named child to participate in the 2018 Summer Farm & Science Camp at Crown Point. I assume all risks in connection with the program and release the board and staff at Crown Point, Dominican Sisters of Peace and all volunteers thereof from all liability. My child will follow the rules for safety and conduct at Crown Point and direction of program staff.

Signature of Parent/Guardian Date

Health Information

Name of Parent/Guardian carrying Health Insurance _____

Insurance Company _____

Policy Number _____ and Group Number _____

Allergies _____

Any health issues and/or physical limitation _____

Current medications if any _____

I hereby give permission to the medical personnel selected by Crown Point to order x-rays, routine tests and necessary transportation for my child. In the event I cannot be reached in an emergency I hereby give permission to the physician selected by the Crown Point staff to secure and administer treatment including hospitalization for my child as named above.

Signature of Parent/Guardian Date

Photo/Media Consent

I do hereby give permission to use photographs and statements made by my child for Crown Point publicity and program promotions unless otherwise noted.

Signature of Parent/Guardian Date