

# MEDICAL INFORMATION FORM

Camper Name \_\_\_\_\_ Health Number \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student have any health issues we should be aware of? \_\_\_\_\_

Chronic disability or illness (past or present) \_\_\_\_\_

Is your child have medical allergy, if yes explain \_\_\_\_\_

Is your child have food allergy, if yes explain \_\_\_\_\_

Dietary Restrictions (health related) \_\_\_\_\_

Food preferences (personal) \_\_\_\_\_

## MEDICATIONS:

Is your child currently receiving any medication?  No  Yes. List: \_\_\_\_\_

I would like my child to be given the following medications:

Name of medicine: \_\_\_\_\_ What is it to be used for: \_\_\_\_\_

How is it to be given: \_\_\_\_\_

Quantity to be given: \_\_\_\_\_ Times to be given: \_\_\_\_\_

Medicine should be clearly labeled with the child's name, name of medication, what it is to be used for, quantity to be given and time to be given. In case of emergency, I hereby give permission to the physician named above, or, in his or her absence, to any other physician, to provide treatment for my child.

Date: \_\_\_\_\_

Parent's Name (print please) \_\_\_\_\_ Parent's Signature \_\_\_\_\_

# CAMP RELEASE FORM

## Adult emergency & authorized pick-up contact information

A minimum of 2 other adult emergency contacts are required.

Only the adults listed below & Family Guardian will be allowed to pick up child from camp.

Last Name, First Name \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone #: \_\_\_\_\_  Cell Phone  Home Phone

Emergency Contact  Priority: 1  Priority: 2  Priority: 3

School Closure Contact  Priority: 1  Priority: 2  Priority: 3

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Last Name, First Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #: \_\_\_\_\_  Cell Phone  Home Phone

Emergency Contact  Priority: 1  Priority: 2  Priority: 3

School Closure Contact  Priority: 1  Priority: 2  Priority: 3

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## Authorization & Consent for Children pick-up

Persons who authorized to pick-up your child from camp (other than parent/guardian):

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

I give permission to have my child sign-in/sign-out to/from Erudite School Clever Camp by him/herself (if 12+ years of age)

Yes  No

Date: \_\_\_\_\_

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

# CAMPER MEDIA RELEASE CONSENT FORM

I, \_\_\_\_\_, hereby agree and give my permission for the Erudite School and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and to display (Works), publish or distribute these Works for the purpose of publishing, posting on the Erudite school website, posting in school, posting on social media sites and/or for broadcasting on television or radio.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the Erudite School control. I agree that I will not hold the Erudite School responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded Erudite school events and Erudite hosted events as described above. (See Part 2 below)

Please mark this box if you **DO NOT WISH** your child to participate in recorded Erudite school events and Erudite hosted events.

## Part 2 – Media Specific

I also understand that external media organizations may attend school events. I give permission for my/my child's name, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Erudite School.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal with any questions regarding this release.

Date: \_\_\_\_\_

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

Parent's/Guardian's Name: \_\_\_\_\_

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