

Groton Center for the Arts

PERSONAL HEALTH AND MEDICAL RELEASE FORM - 2009

Please complete and return with any tuition balance due by June 1, 2009. Thank you.

Camper Name _____ Age _____ Gender: M F DOB _____

Street Address _____ Town _____ State _____ Zip _____

Camper is attending Session 1 Session 2 Session 3 OR Week 1 2 3 4 5 6

1. IDENTIFICATION / LIABILITY RELEASE

I hereby release the Groton School, Groton Center for the Arts (GCA), its Staff, Board Members and Volunteers from any liability resulting from any kind of accidents that may occur before, during and/or after Artworks! Summer and Tennis Camp. I realize that the utmost care will be given to insure a safe environment for my child and that I (parent/guardian) am ultimately responsible for any personal injuries or loss of, or damage to personal property that may occur while attending Artworks! Summer and Tennis Camp.

Signature Parent/Guardian _____ Date _____

2. EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

Mother's Name _____ Email _____

Home Phone _____ Work Phone _____ Cell _____

Father's Name _____ Email _____

Home Phone _____ Work Phone _____ Cell _____

Additional Emergency Contacts (if parents are unavailable):

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

3. PERMISSION FOR CAMPER RELEASE

Besides myself, the following people have permission to pick up my child from camp. I understand that they will have to bring a photo ID to show to the counselors before my child is released to their custody.

Name _____ Description _____ Relationship _____

Name _____ Description _____ Relationship _____

Name _____ Description _____ Relationship _____

Signature _____ Date _____

4. PHOTOGRAPHY WAIVER Throughout each camp session, photographs are taken of the campers learning, growing, meeting challenges and having FUN! Please give us permission to use these photos of your child in our camp Slideshow and DVD, as well as in promotional materials throughout the year. YES NO

Signature _____ Date _____

5. ADDITIONAL CAMPER INFORMATION Please list anything the counselors should be made aware of pertaining to your child. Include and allergies, medications, custody situations, or recent losses. All information will be kept in strictest confidence.

Signature _____

Date _____

6. MEDICAL INFORMATION

My child _____ Is enrolled in the Artworks! Summer Camp program held at the Groton School, Groton, MA. I hereby authorize the GCA and its staff to secure any emergency medical treatment. I understand that every effort will be made to reach me in case of emergency via the contact information listed in #2 of this form. In the event that nobody can be reached, I grant permission to Mary Gilbert-Hall, Camp Director, to act on my behalf.

Signature _____

Date _____

7. PHYSICIANS STATEMENT (latest well visit with current vaccinations can be staples to this form in place of following):

My Child _____ DOB _____ Address _____

Is registered to participate in the 2008 Artworks! Summer Camp. This program will involve moderate physical activity (25% of the day) including outdoor recreational games and swimming in a pool supervised by Red Cross certified lifeguards. In addition, my child may choose to participate in dance and/or tennis. In your medical opinion, is this child able to fully participate in the above activities?
_____ Yes _____ No (please explain) _____

The above named child's general physical condition is: _____

VACCINATIONS (please include date of vaccination) This child **is / is not** current on his/her vaccinations as indicated below.

MRM _____ Polio _____ DTP _____ Hepatitis _____ Chicken Pox _____

Physician's Name _____ Phone Number _____

Physician's Signature _____ Date _____

8. PERMISSION TO ADMINISTER MEDICATIONS

I **give / do not give** permission to the GCA Artworks! Staff to administer the following over-the-counter medications to my child. If permission is given, would you like to be contacted first? _____ Yes _____ Not necessary

Tylenol (dose amount) _____ Benadryl (dosage) _____

Signature _____

Date _____

9. VOLUNTEER OPPORTUNITIES FOR THE GCA PROGRAMS

I want to support the arts and would be interested in volunteering for other GCA programs.

Skateworks (learn to skate) _____ First Night _____ Help in the Office _____

Artworks for Everyone Classes I would like to teach _____

Artworks for Everyone Classes I would like to see offered _____