

State College Friends School Summer Camp Information Form 2019



| CHILD AND PARENT/GUARDIAN INFORMATION | | | | | | | | | |
|--|--|--|--|--------|---|------|----------------------------|----------------------------|--------------------------------|
| Child Name 1: | | | | | | Sex: | <input type="checkbox"/> F | <input type="checkbox"/> M | <input type="checkbox"/> Other |
| DOB (MM/DD/YYYY): | | | | | | | | | |
| Child Name 2: | | | | | | Sex: | <input type="checkbox"/> F | <input type="checkbox"/> M | <input type="checkbox"/> Other |
| DOB (MM/DD/YYYY): | | | | | | | | | |
| Parent/Guardian Name 1: | | | | | Primary Phone: | | | | |
| Email: | | | | | Secondary Phone: | | | | |
| Parent/Guardian Name 2: | | | | | Primary Phone: | | | | |
| Email: | | | | | Secondary Phone: | | | | |
| Mailing Address (street and/or PO Box): | | | | | | | | | |
| City: | | | | State: | | | Zip: | | |
| ALTERNATIVE EMERGENCY CONTACTS (other than parent/guardian listed above) | | | | | | | | | |
| Primary Emergency Contact: | | | | | | | | | |
| Phone: | | | | | Relationship to Child: | | | | |
| Secondary Emergency Contact: | | | | | | | | | |
| Phone: | | | | | Relationship to Child: | | | | |
| MEDICAL/ALLERGY INFORMATION | | | | | | | | | |
| Physician Name: | | | | | Physician Phone: | | | | |
| Insurance Provider: | | | | | Ins. Policy Number: | | | | |
| Allergies: | | | | | | | | | |
| Other Health Considerations: | | | | | | | | | |
| <p>In the event that neither parent/guardian can be reached in the case of an emergency, I authorize all emergency medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child/ren and waive my right to informed consent for treatment.</p> | | | | | | | | | |
| Parent/Guardian Signature | | | | | Date | | | | |
| FIELD TRIP PERMISSION (Not applicable to Wee Friends Camps) | | | | | | | | | |
| <p>I give permission for my child/ren to go on field trips. I also release, hold harmless, and indemnify State College Friends School, its agents and employees, from liability in case of an accident during activities which are not the result of gross negligence, intentional neglect, or willful harm.</p> | | | | | | | | | |
| Parent/Guardian Signature | | | | | Date | | | | |
| MEDIA RELEASE | | | | | | | | | |
| <p>I give permission for my child/ren's image to be featured at the discretion of State College Friends School in the following media. (No names will be associated with children's photographs.) Please check at least one box below:</p> | | | | | | | | | |
| <input type="checkbox"/> All media permitted (DO NOT check additional boxes) | | | | | <input type="checkbox"/> SCFS website | | | | |
| <input type="checkbox"/> NO media permitted (DO NOT check additional boxes) | | | | | <input type="checkbox"/> SCFS Facebook page (identifiable faces not used) | | | | |
| <input type="checkbox"/> SCFS internal use | | | | | <input type="checkbox"/> Newspaper/brochure/fliers | | | | |
| Parent/Guardian Signature | | | | | Date | | | | |
| PICKUP AND DROP OFF PERMISSIONS | | | | | | | | | |
| <p>The following adults are permitted to drop off and pickup my child/ren from camp. Other adults will require written or direct verbal permission from a parent.</p> | | | | | | | | | |
| Name: | | | | | Relationship to Child: | | | | |
| Name: | | | | | Relationship to Child: | | | | |

Mail or drop off completed form to: State College Friends School, 1900 University Dr., State College, PA 16801