



**Apple Tree Summer Camp 2017
Medical and Emergency Form**

Child's Name: _____

Date of Birth: _____ Age _____

Address: _____

Home phone #: _____ Email _____

Mother's name: _____ Home # _____

Mother's Employer: _____ Work # _____ Cell # _____

Father's name: _____ Home # _____

Father's Employer: _____ Work # _____ Cell # _____

IF NEITHER PARENT CAN BE REACHED, IN AN EMERGENCY CALL:

Name: _____ Address _____

Phone: _____

Name: _____ Address _____

Phone: _____

Child's Physician: _____

Address: _____

Phone: _____

Child's Dentist _____

Phone: _____

Allergies: _____

Medications: _____

Dietary Requirements: _____

Disabilities: _____

Updated Immunization Records Provided? _____



Apple Tree Summer Camp Permission Form

Permission Form:

Student Name: _____ Parent/Guardian Names: _____

Emergency Treatment: In the event of an illness or accident that requires immediate medical treatment, I give permission for the director or counselors at APPLE TREE LEARNING CENTERS STOWE SUMMER CAMP to authorize or perform such treatment. I will not hold Apple Tree Learning Centers, child-care workers, or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parent, child's physician and other persons listed on the emergency contact.

Parent/ Guardian

Date

Transportation: I give permission for my child to be transported in the Apple Tree vehicles to and from all off-site programs and activities including those trips that are longer than 45 minutes.

Parent/ Guardian

Date

Imunization Records: I have provided Apple Tree Learning Centers with up to date immunization records for my child

Swimming: I give permission for my child to swim in the indoor and outdoor pool and participate in water play, which may include swimming at various outdoor locations such as the West Branch, the Ryder Brook, Lake Elmore, etc.

Parent/ Guardian

Date

Topical Lotion/Medication: I give permission for my child to receive the following:

____ Sunscreen (spf 15 or higher) ____ Insect Repellent ____ Pain Reliever (Advil/Tylenol)

Parent/ Guardian

Date

Publicity and Research: I give permission for my child's photograph to be used in publicity for Apple Tree Learning Centers. I give permission for my child's photograph to be posted on Facebook. Yes ____ No ____

Parent/ Guardian

Date

I hereby assume all risk of injury to my child arising out of his/her participation in this Apple Tree Learning Centers Stowe Summer Camp program. I specifically release Apple Tree Learning Centers from any and all liability, including negligence (active or passive) as to any right of action or claim to relief. I further hold Apple Tree Learning Centers and the Stoweflake Mountain Resort and Spa and each of its owners and employees harmless from any and all liability, actions, causes of actions, debt claims and demands of every kind and nature whatsoever which now have or which may arise from or in connection with my child's participation in any other activity related thereto.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Signature of parent

Date