

**Apple Tree Summer Camp 2020**  
**Medical and Emergency Form**

**Camper Information:**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Name of School Student attends: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Information:**

If neither parent can be reached, in case of emergency call:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Medications:** \_\_\_\_\_

**Dietary Requirements:** \_\_\_\_\_

**Disabilities:** \_\_\_\_\_

Does your child receive support services at school? \_\_\_\_\_

Does your child receive 1 on 1 services at school? \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Permission Form:**

**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 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 take walking field trips and 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

**Immunization Records:**

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

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

I give permission for my child's photograph to be posted on Facebook.

\_\_\_\_\_  
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. I further hold Apple Tree Learning Centers and the Town and Country Resort 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