

Child Name: _____ 21CCLC Dewing Summer Program Grade (sy1819) _____

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __

Birth date ____ / ____ / ____

Street Address _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ FAX _____ E-mail _____

Child lives with: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Trenton Film Society or its Trenton Youth Filmmakers Mini-Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **21CCLC Summer Program at the Dewing School**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for publicity, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Tewksbury Public Schools

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **21CCLC Summer Program at the Dewing** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Tewksbury Public Schools are not responsible for lost or damaged personal property. All scheduled events are subject to change.. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____