

# Medical Consent Statement

In the event that my child is injured or becomes ill during the Fern Hill Summer Camp hours and I cannot be reached, I give my consent to initiate medical treatment as deemed appropriate by the attending physician.

Yes

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

Allergies/Medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Insurance Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

\*please fill out authorization to administer prescribed medication form from school office if medication is required during program hours.

## Waiver Release

I understand that my child is involved in inside and outside activities. While every care is given to ensure a safe environment, I do not hold the Fern Hill Summer Camp, any of its staff, or Fern Hill School, liable in case of injury or harm, however arising, sustained by my child.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Photo Release

I give Fern Hill, the right and permission to publish/broadcast, without charge, photographs/images taken of my child during his/her participation in summer camp programs and activities. These photographs/images may be used in Fern Hill publications, including brochures, marketing materials, Fern Hill's website, print advertising and other promotional materials.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: Incomplete registration will not be processed until all information and signatures are received**