

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

Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Add'l Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Add'l Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Health Insurance Company: \_\_\_\_\_

Group or Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Releases:

If parents(s) or legal guardian(s) cannot be reached in the event of an emergency, I hereby appoint the staff of Highfield to act in my/our behalf to administer first aid treatment and/or to authorize unexpected medical, dental or surgical care and hospitalization for my child, including but not limited to ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Highfield to arrange necessary related transportation. I give permission to the physician selected by Highfield to secure and administer treatment. This completed form may be photocopied for trips off site for emergency transportation only.  Yes  No

I give Highfield staff permission to release my child to the emergency contacts listed. They have my permission to make decisions as to the welfare and health of my child.  Yes  No

I give Highfield my permission to take, use, publish, and reproduce photographs, slides or video of my child for publicity purposes  Yes  No

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_