

2018 Highfield Summer Camp Emergency Contact and Release

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: _____