



EMERGENCY INFORMATION

Daytime phone number where you can be reached:

In case of accidents or illness, please notify the following individual when parents cannot be reached.

Name: Phone:

Name: Phone:

Name of child's health plan membership #

Family Physician

Telephone Number

Special needs or learning disabilities? Yes No
If yes, it is required to arrange a meeting with Mimi Luebbermann either by phone or in person.

Medical problems/physical conditions/ including allergies? Yes No
If yes, please explain on the back of this form.

The following parents are authorized to pick up my child at the end of camp:

RELEASE FORM:

As a parent or guardian, I give my permission for my child to attend camp and to receive emergency medical treatment if I cannot be located. I give permission for sunscreen and or/antibiotic cream to be used for my child if necessary. I authorize the camp staff to administer first aid as well as to dispense medication brought to the camp by the camper. As a parent or guardian I agree to be responsible for the costs to repair any of Windrush Farm's equipment damaged by my child, whether intentionally or through reckless behavior. I agree I will release and hold harmless Windrush Farm and its employees from all liability for any personal injury, property damage, loss, insurance costs, and all liability incurred as a result of my child's participation in camp and these terms serve as a release for myself and members of my family.

Signature:

Date: