

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. I give permission to Windrush Farm and Paige Green Photography to use my child's photograph for future promotional material, including but not limited to websites and brochures, for Windrush Farm or Paige Green Photography. Names will not be used with the photographs.

Signature

Date

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:

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