

Camp Location: _____

**Stimulating Summers, Enriching Young Lives
Daycamp
Emergency Medical Release**

In an emergency requiring medical attention or a situation reasonably believed by Stimulating Summers, Enriching Young Lives Daycamp authorized agents including Camp Counselors, Meal Site Supervisors, Educators and/or volunteers or staff to be an emergency; I authorize Stimulating Summers Daycamp and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

NOTE: Minors may consent to certain services in Washington.

I hold harmless and agree to indemnify Stimulating Summers Daycamp, its authorized agents and employees and the Volunteers from decisions to seek emergency treatment.

Please complete the following:

Student Participant: _____

Date of Birth: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Health-Care Providers:

Name of participant's primary doctor(s): _____ Phone: () _____

Name of dentist(s): _____ Phone: () _____

Name of orthodontist(s): _____ Phone: () _____

Additional health care provider(s) name(s) and contact numbers:

Camp Location: _____

Medical Insurance Information:

This participant is covered by family medical and/or hospital insurance Yes No

Primary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number () _____

Secondary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number () _____

Name of another person to contact in case of emergency if you are not available:

Phone: () _____ E-mail: _____

Relationship to participant: _____

I voluntarily sign this authorization in consideration for permission for my child to participate in the Stimulating Summers Daycamp. I have read it, and I understand its content and significance.

Signature of Parent/Guardian

(For participant less than 18 years of age)

Date

Signature of Participant

(For participant 18 years of age or older)

Date