

Selle Valley Carden School Summer Adventure Camp

Medical History and Student Insurance Information

Insurance Company: _____

Must submit a Photo copy of your child's Insurance Card

Primary Physician*:

Physician's Phone Number*:

Is the student taking any medications?

Yes No

If so, please list:

Does the student have allergies?

Yes No

If so, please list:

PLEASE NOTE THAT WE CANNOT PROVIDE STUDENTS WITH ANY MEDICATION, NOT EVEN ASPIRIN.

In addition to the home, cell and work numbers you provided on the initial application, please provide any alternate phone numbers we should have in case we are unable to reach you at one of these numbers. This could be your spouse's or partner's cell or work, or the number of a nearby friend or relative.

Other Emergency Contact Number*:

Name/Relationship*:

Liability Waiver and Model Release Statement

I, the undersigned, waive and release any and all claims for myself and my heirs against Selle Valley Carden School, and any of its officers, directors, employees, agents or sponsors for any injuries or illnesses which may directly or indirectly result from participation in our activities. This waiver and release is valid from the date of my signature below, and shall remain effective unless and until modified in writing by the undersigned.

_____ **I have read and agree to the Liability Waiver**

I understand that Selle Valley Carden School, photographs student working, playing, learning and in their activities during the camp week for informing, marketing and archival purposes. I acknowledge that it is my responsibility to notify staff of my desire not to be photographed. I hereby grant Selle Valley Carden School permission to use photographs in which I appear for marketing, communications, and/or archival purposes. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. It is my understanding that such photographs will be copyrighted by the photographer and that no charge or special compensation is or will be required for my service/s.

Name of Student*:

I have read and agree to the Model Release Statement

I do not wish for my child to be photographed

A PARENT OR GUARDIAN MUST READ THE ABOVE AND SIGN THE FOLLOWING:

By submitting this form online, I certify that I am the parent or guardian of the minor named above and have the legal authority to execute the above release and approve the foregoing.

Name*:

Date Submitted*: