

Noah Webster House, Inc. /West Hartford Leisure Services Health Form

Colonial Childs' Adventure Camp

You must complete and sign the form below to enroll your child. Your child will not be allowed to attend without a completed form:

Child's name: _____ Camp dates: _____

Does your child wear glasses? If so, are they shatterproof? _____

Does your child have any known allergies, currently taking any medications or have any known illnesses or physical limitations, etc. If so, please list and describe:

List medications: _____

Family Doctor's name (if any) _____

Doctor's address: _____

Doctor's phone: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, the parent/guardian will first be contacted. Please provide an additional emergency contact in case the parent/guardian can not be reached.

Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Address: _____

PICK-UP AUTHORIZATION

Who is authorized to pick up your child after camp? _____

Please note: We require that the adult come in to pick up his/her child each day. We will not release the child to any unauthorized adult; therefore, if it is necessary for another adult to pick up the child, please let us know as soon as possible.

Please read each statement below and if you understand and agree to each statement **put your initials in the space next to the paragraph** to signify your understanding and agreement:

_____ In the event my child needs emergency hospital or medical care while participating in this Noah Webster House/ West Hartford Leisure Services Program and there is not time for me to be contacted and/or I cannot be reached, my hospital preference is:

Hospital Name and Address: _____

_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

_____ In the event that my child needs to be transported by ambulance, I give my permission for such transportation and I agree to assume all expenses incurred by said transportation.

_____ I agree to assume all medical expenses incurred by my child while participating in this Noah Webster House/West Hartford Leisure Services Program.

_____ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in this Noah Webster House/West Hartford Leisure Services Program. I agree to assume the risk of any injury which my child might suffer while involved in the Noah Webster House/West Hartford Leisure Services Program and will not hold the Noah Webster House or the Town of West Hartford or its instructors liable for any injury which my child may suffer while participating in this Noah Webster House/West Hartford Leisure Services Program.

Signature of Parent or Guardian _____ Date _____

PLEASE RETURN THIS FORM BEFORE CAMP BEGINS TO:

Beth Sweeney, Education Department Noah Webster House, 227 South Main Street, West Hartford, CT 06107