**2017 Playtime USA Summer Camp Program**

**Child’s Information**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade (Child will enter next school year): \_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_ Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: M or F (Circle one)

**Emergency Procedures**

Please indicate whom we should contact in case of an emergency (other than parent)

1St Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List Name (s) of person other than parent or legal guardian to whom child may be released:

1st Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4th Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please whom we should contact in case of an early dismissal (other than parent)

1st Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any restrictions on your child’s activities at camp? Yes or No If yes, please explain.

**Things we should know**

Is there any medical information/concerns you would like to share with the camp, which might help better serve your child? This information is confidential.

In Case of separated or divorced parents, are there any legal restrictions on the release of child to either parent? If so, provide a formal documentation to keep in your child’s file.

**Emergency Instructions**

\_\_\_\_ I give permission to secure emergency medical and/or surgical treatment for the above named minor child while in its care.

\_\_\_\_ I do not give permission to secure emergency medical and/or surgical treatment for the above named minor child while in its care.

Hospital Preferred in a case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**

Physicians may find it necessary to prescribe medication to be given during the summer hours of operation. If your child is taking any medication it must be dropped off to the camp administrator by the parent, who must make arrangement with Playtime USA to take this medication. Such medication must be in its original container and accompanied by the physician’s written instructions, containing the following information:

1: Child’s name

2: Name of prescribing doctor

3: Name of medication

4: Instructions such as dosage and time to be given

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis/purpose of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of medication (please circle) Tablet/capsule Liquid Inhaler Injection Nebulizer

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How should this medication to be administered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should the camp be aware of any precautions or reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency phone: \_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Permission**

The undersigned parent/guardian authorizes Playtime USA, LLC’s Summer Program through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify the camp personnel in writing in the event the prescription shall be discontinued or modified. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify Playtime USA, LLC’s Summer Program and its staff members from any liability or damage which may result from the administration of said medication as prescribed by the physician.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

**Parent/Student Behavior Agreement**

Playtime USA, LLC is designed to provide Summer Enrichment and in rare circumstances there may be a need to work with your child on his/her decisions. In order to protect ALL campers, we have adopted a process that allows for zero-tolerance in respect to harmful or disruptive behavior. Your child is subject to be discipline in the following manner:

1ST Offense – Warning

2nd Offense – Phone call to parent

3rd Offense – Phone call to parent and removed from camp

The Site Supervisor reserves the right and authority to remove any camper from the Summer Program at any time, even within this due process. The safety and well-being of our campers is always top priority.

By signing below, you agree to this process, and give permission to the Playtime USA Summer Program to follow the above disciplinary actions.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

Please check the items you would like to allow your child to participate in and sign below.

\_\_\_ *News information release*

There may be times during the summer when Playtime USA Summer program, news, media, or others wish to photograph or videotape your child during the summer program for use in print, video, Internet, or other communications methods.

I give my permission to Playtime USA Summer program to provide information concerning the summer program activities with my child to the general news media. I also give my permission for my child’s name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums for the summer enrichment camp and its management company, and/or in local media coverage of the summer enrichment camp events.

\_\_\_ *Communication release*

There may be times during Playtime USA, LLC’s Summer Program that others wish to identify your student by name and grade in newsletters and publications.

I give permission to Playtime USA Summer Program to use artwork, videos, and photographs of my child for promotional purposes in a variety of mediums for the summer program, and/or in local coverage events.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian name Date