

Slayton House Theatre Camp Of The Arts 2018



EMERGENCY INFORMATION SHEET

FULLY complete all forms, sign and date as indicated and return to:

Slayton House Theatre Camp of the Arts
10400 Cross Fox Lane Columbia, Maryland
21044 **PLEASE PRINT CLEARLY**

Enrollment:

(Check all that apply)

- Improv Week
 The Broadway Editon
 Rising Stars Session II
 Rising Stars Session III

Child's Name _____ Age _____ Grade _____ DOB _____

Street Address _____

City _____ Zip _____ Village _____

Parent(s)/Guardian(s) _____

Email: _____

ALTERNATE EMERGENCY CONTACTS

In an emergency, if we are unable to reach a parent / guardian: List at least one (1) local person who may be contacted and the number they may be reached at during Camp:

1. Please contact _____
Relationship _____ Day Phone (_____) _____

2. Please contact _____
Relationship _____ Day Phone (_____) _____

Additionally, in the event of an unforeseen disaster, we need the name of at least one (1) Out-of-State contact: (in the event local phone service is out and long distance phones work) List at least one (1) person who may be contacted and the phone number where they may be reached:

3. Please contact _____
Relationship _____ Day Phone (_____) _____

4. Please contact _____
Relationship _____ Day Phone (_____) _____

Yes / No These people have been advised their name and phone number is being provided.

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ **Phone:** _____

2nd Emergency Contact
(Other than Parent Above): _____ **Phone:** _____

Child's Physician: _____ **Phone:** _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? YES NO

YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? YES NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? YES NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____

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PLEASE PRINT CLEARLY

EMERGENCY MEDICAL INSURANCE INFORMATION

Child's Name _____ Session _____

Primary provider of medical care _____

Name of Child's Health Insurance Co. _____

Subscriber ID _____ Group Number _____

AUTHORIZATION FOR MEDICAL TREATMENT

NOTE: In the event of an EMERGENCY, Parent(s) / Guardian(s) will be contacted as soon as possible. Wilde Lake Community Association/Camp of the Arts staff will proceed without delay to contact emergency medical personnel for immediate assessment and treatment.

In EMERGENCIES requiring immediate medical attention, I hereby authorize the staff of the Wilde Lake Community Association/Camp of the Arts staff to have my child _____ transported to Howard County General Hospital and authorize medical treatment if necessary. I further authorize Wilde Lake Community Association/Camp of the Arts staff and/or Howard County General Hospital to contact my child's physician and/or dentist (if needed) to obtain medical information for treatment of any emergency medical condition.

Child's Physician _____ Phone (____) _____

Child's Dentist _____ Phone (____) _____

Signature of Parent / Legal Guardian _____ Date _____

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PLEASE PRINT CLEARLY

LUNCH SPECIAL PERMISSION

My child _____, has my permission to leave the Slayton House grounds supervised by Camp staff to purchase lunch:

Purchase food and beverages from the Bagel Bin or Pizza Boli .

I understand that the Slayton House Camp staff will assume NO responsibility for injuries incurred when a camper is beyond Slayton House grounds and boundaries.

Note: If you leave this blank, your child may not purchase lunch even if you send them to Camp with money to do so.

ARRIVAL AND DISMISSAL INFORMATION

Camp of the Arts Camp hours are from **9:00 AM to 3:30 PM.**

Child's Name _____ Session: _____

Please check **only one** and list **ALL** persons (including both parents) who are authorized to pick up your child:

- I give my son/daughter permission to leave Slayton House Camp of the Arts after camp (3:30 PM) daily to walk drive or take public transportation home. Must request a waiver.
- My child is enrolled in the Slayton House Camp of the Arts Extended Care Program (3:30-6:30 PM) and any of the authorized persons listed may pick them up daily.
- Any of the authorized persons listed may pick up my child at 3:30 PM daily. (Use this if carpooling.)

PERSONS AUTHORIZED TO PICK UP MY CHILD:

Parent(s) _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

The following person(s) _____

Is/are **NOT** authorized to pick up my child at anytime. A photocopy of Court Order dated _____

is attached to support this declaration.

Slayton House Theatre

Camp of the Arts 2018

WAIVER, RELEASE AND INDEMNIFY

In connection with my child's participation in the Camp of the Arts/Conservatory Camp program at Slayton House, I understand and voluntarily assume all risks inherent in the nature of this activity, and I waive all claims, costs, liabilities, expenses and judgments against Columbia Association, Inc. (CA) and WILDE LAKE COMMUNITY ASSOCIATION (WLCA), and release CA and WILDE LAKE COMMUNITY ASSOCIATION and their respective directors, officers, agents, representatives and employees from all claims, costs, liabilities, expenses and judgments arising out of my child's participation in the program. I further agree to indemnify CA and WILDE LAKE COMMUNITY ASSOCIATION and their directors, officers, agents, representatives and employees and hold all of them harmless from any and all claims, damages, actions, liabilities and expenses which may be asserted on behalf of my child in connection with any damages or injuries arising out of my child's participation in the program. Authorization is also given to Slayton House Staff to use Camp activity photos taken of my child in future brochure/publicity issuances.

Child's Name _____ Session(s) _____

Signature of Parent / Legal Guardian _____ Date _____