

**Mt. Washington Valley School to Career
Summer Camp Health Form 2019**

Health Photography/Video

STEM Aviation Culinary I (Baking)

Teacher Ed Video Game Creator Culinary II (Cooking)

(circle the camps you would like to attend)

I acknowledge that my child is enrolled in the MWV School to Career Summer Camp, 2019. My child, _____, is in good health and able to participate in the Camp's activities. Camp organizers will do everything possible to assure that the campers will have a fun, safe and productive experience at the camp. We do need you to understand that the participating agencies and staff of this camp are not responsible for accidents and medical or dental expenses incurred as a result of participation in this program. Accordingly, we ask that each participant sign the below release:

Release Form

(Please read carefully before signing)

I/We wish that our child participate in the MWV School to Career Summer Day Camp, which is organized and administered by the Mt. Washington Valley School to Career Partnership. I am familiar with and recognize the risks inherent in the program and I assume all the risks of injury and loss arising or resulting from my child's participation, hereby releasing and holding harmless all agencies, it employees or agents, from liability for any such injury or loss.

(Printed name of person in program)

Date _____ **Parent/Guardian Signature** _____

Medical Consent Form

The medical consent form permits hospital personnel to begin emergency treatment immediately rather than encounter a delay while the adult's permission is sought.

I/We _____ and _____
(name) **(name)**

are parents/legal guardians of _____, born on _____
(Child's Name) **(DOB)**

I/we authorize the MWV School to Career Summer Camp staff to carry out standard first aid, including treatment for severe allergic reaction to insect stings, and to arrange for emergency care for my/our minor child at a local hospital, as the staff deems necessary. I authorize hospital personnel to provide emergency medical treatment for my/our child.

Parent/Guardian signature _____ **Date** _____

Parent/Guardian signature _____ **Date** _____

(over)

Health Information

Child's Doctor _____ Phone _____

Medical Insurance carrier _____ Policy # _____

Physical limitations: Yes _____ No _____

If yes, please explain _____

Any current medications: Yes _____ No _____

Please list _____

Allergies: Yes _____ No _____

If yes, please explain _____

Dietary Restrictions? _____

Permission to travel to Mt. Washington Valley Business Sites

I/We give permission for my son/daughter, _____, to travel to various sites in the MWV Region by school bus, under supervision of the MWV School to Career Summer Camp staff.

Signature of Parent or Guardian

Date

Photo Release

I/We understand that our child/ward may be photographed and/or videoed during participation in the MWV School to Career Summer Camp. The video and photographs will be used for press releases and presentations by program staff. I give my permission for my child to be videoed and/or photographed for promotional and educational purposes only.

Signature of Parent or Guardian

Date

Please feel free to comment on any other information you think would be helpful for us to ensure that your child enjoys the week at camp.

Thanks!

Refund Policy:

In the event you cannot attend the MWV School to Career camp you may be entitled to a refund. You will receive a full refund as long as you provide written notice (either letter or email) no less than 30 days prior to the start of the camps. If you notify us less than 30 days from the start of the camps you will receive a 50% refund. No refund will be issued if you cancel with less than 14 days from the camp start date.