

Twin Spring Farm Day School

1632 East Butler Pike, Ambler, PA 19002

215-646-2665

AUTHORIZATION FOR MEDICAL TREATMENT

This form must be complete and on file before your child may begin school.

Name of Child: _____

Date of Birth: _____

Names of Parents or Guardians: 1. _____

2. _____

1. Parent or Guardian Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Parent or Guardian Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact:

1. _____
Name Address Phone #

2. _____
Name Address Phone #

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

Eye Doctor _____ Phone # _____

Emergency Authorization and Assumption of Risk

I understand that part of the camping experience involves activities and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules and my child and I both agree that he or she will obey them.

As parent/legal guardian of _____, I empower any duly authorized agent or employee of, or contractor with Twin Spring Farm, in the event of accident or sudden illness to my child, to accompany said child to the nearest facility offering medical services. I further empower said agent or employee, on my behalf and on behalf of my child, until I have been notified and my consent obtained, to authorize said medical facility to perform any and all procedures dictated by the situation. This form may be faxed or photocopied. I hereby assume the responsibility for payment for any emergency medical treatment.

Signature of Parent/Guardian

Date

Insurance Information

Photocopy of front and back of health insurance card must be attached to this form.

I/We the parent(s) or guardian(s) of the enrolling camper, certify that the camper is covered by adequate medical/hospitalization insurance for the duration of the camp season. I/We understand therefore, that the cost of medical services due to any injuries sustained by the camper will be the financial responsibility of the parent or guardian. The camper enrolled is covered by the following medical/hospitalization insurance....

Insurance Company: _____ Policy # _____

Signature of Parent/Guardian

Date

Please continue to page two.

Twin Spring Farm
PERMISSION TO PARTICIPATE IN SCHOOL/CAMP ACTIVITIES
AND TO RECEIVE EMERGENCY MEDICAL CARE

Child's Name: _____
(please print)

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school/camp.

I hereby grant permission for my child to leave the school/camp premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school/camp program.

I hereby grant permission for the Director to take whatever steps may be necessary to obtain emergency medical care if warranted. Permission is granted that information about my child can be shared with Twin Spring Farm Day Camp Staff for the well being of my child. These steps may include, but not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) call another physician or paramedic, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.
5. The school/camp will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
6. I AGREE TO SEND IN A WRITTEN NOTE EACH TIME MY CHILD'S NORMAL DEPARTURE PATTERN IS ALTERED. WHEN MY CHILD'S NORMAL TRANSPORTATION PATTERN IS CHANGED, MY CHILD IS NOT TO BE RELEASED FROM TWIN SPRING FARM WITHOUT MY WRITTEN CONSENT.

Signed _____
(Parent 1 or legal guardian)

Date _____

Signed _____
(Parent 2 or legal guardian)

Date _____