



Emergency Medical and Release Form

Please fill out this form with your child's most current medical information. Please complete a separate form for each child attending a Discovery Place Kids Summer Camp.

Please indicate the week(s) your child is attending:

- | | | |
|---|--|--|
| <input type="radio"/> Toddler Time: June 1 – 3 | <input type="radio"/> June 22 – 26 | <input type="radio"/> July 27 – 31 |
| <input type="radio"/> June 1 – 5 | <input type="radio"/> Toddler Time: July 6 – 8 | <input type="radio"/> August 3 – 7 |
| <input type="radio"/> Toddler Time: June 8 – 10 | <input type="radio"/> July 6 – 10 | <input type="radio"/> Toddler Time: August 10 – 12 |
| <input type="radio"/> June 8 – 12 | <input type="radio"/> July 13 – 17 | <input type="radio"/> August 10 – 14 |
| <input type="radio"/> June 15 – 19 | <input type="radio"/> July 20 – 24 | |

Emergency Contact Information

Camper's Name _____ Rising Grade _____

Parent/Guardian Names _____

Address _____

City _____ State _____ ZIP Code _____

Email Address * _____

**Receive email updates from camp!*

Phone Number (Home) _____ (Emergency) _____

Other Adults Approved for Pick-up _____

For your child's safety, any adult picking up the child will be asked to show a photo ID each time the child is picked up throughout the summer. Thank you in advance for your cooperation.

Medical Information

Check any that apply and elaborate. Please attach extra explanation if necessary.

- | | |
|---|--|
| <input type="radio"/> Food Allergies | <input type="radio"/> Asthma |
| <input type="radio"/> Environmental Allergies | <input type="radio"/> Heart Trouble |
| <input type="radio"/> Epilepsy | <input type="radio"/> Seizures |
| <input type="radio"/> ADD/ADHD | <input type="radio"/> Dietary Restrictions |
| <input type="radio"/> Diabetes | <input type="radio"/> Other |

Comments

Does the camper carry an Epi-Pen?

☐ Yes

☐ No

Does the camper have any special needs (learning differences, behavioral concerns, phobias, etc.)?

Release Form

Photo Release

I hereby grant permission to Discovery Place, and its employees, agents, and assignees, the right to photograph my child or use their picture for purposes of advertising, publicity, trade, or otherwise, as still photographs, transparencies, motion pictures, television, web images, or other media or means of reproduction, transmission, or exhibition. I release Discovery Place, its employees, agents, associates, successors, and assignees from any and all claims for damages or compensation for any claims based on the use or sale of said materials. I hereby waive the right to inspect, approve, or edit said material.

☐ Yes, I do.

☐ No, I do not.

Field Trip Release

I hereby grant permission for my child to participate in field trips for the duration of Summer Camp. Parents will be informed of all field trips in advance.

☐ Yes, I do.

☐ No, I do not.

Liability Release

I believe the information provided above is a complete and accurate statement of the physical and behavioral factors which may affect my child's participation in this summer camp sponsored by Discovery Place.

I hereby grant permission for my child to take part in this Summer Camp sponsored by Discovery Place. I also agree, on behalf of myself or my child, not to make any claims of any kind against Discovery Place or any of its employees or agents for any loss or injury that my child might sustain while engaged in the Summer Camp program. I authorize such physician or medical staff as Discovery Place may designate to carry out any minor treatment and/or medical staff to provide any treatment deemed necessary for the well-being of my child.

Signature of Parent/Guardian

Date

PLEASE NOTE: In order to finalize your registration, complete and sign the medical form and return to the address below prior to the start of camp. Your child may not attend camp without a completed emergency form.

Discovery Place KIDS Summer Camps
Attention: Jessica Hayes
105 Gilead Road
Huntersville, NC 28078
JessicaH@discoveryplacekids.org