



SUMMER CAMP 2022 AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

COMPLETE ONE FORM PER CHILD

Child Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian 1 Email: \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

Please list 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached. Anyone picking up a camper must provide a photo I.D. and be listed below.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

Allergies and Medications

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

Does your child need to take medication(s) during camp (circle one)? Yes No

If your child requires medication, please specify: \_\_\_\_\_

The Permission to Administer Medication form must be completed and given to the TCDN Administration Office before the first day of camp. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs, please contact the OST Director, Pat DeHaven at 610-544-4555, ext.250.

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to TCDN as agent for the undersigned, permission to provide minor first aid procedures, and/ or to obtain emergency medical care.

POLICIES: PLEASE INITIAL EACH ITEM

Sunscreen

\_\_\_\_\_ I permit for sunscreen to be administered and/or applied to my camper as deemed necessary by the camp staff.

Lost or Stolen Items

\_\_\_\_\_ Campers are asked to leave any valuables and electronics at home. TCDN and its employees are not responsible for lost or stolen items.

Photographs

\_\_\_\_\_ I give my permission for my child's photograph or video to be taken for use by TCDN in program brochures, annual reports, website, social media sites, and other promotional materials and for release to local newspapers.

Field Trips & Walks

\_\_\_\_\_ I permit my child to be transported by TCDN during field trips and to participate in local walks.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_