

# CCNS Summer Camp Agreement 2024

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Permission Agreement & Emergency Information

1. I understand and agree that **no refunds are given after April 1** unless we are able to fill the spot with someone on the waitlist. If a spot is available, we can move your child to another week of camp if it is done prior to camp starting in May and there is space available.
2. I/We grant permission for my child to use all of the play equipment, and participate in all the activities at camp, unless exceptions are noted below:  
  
\_\_\_\_\_

3. I/We grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following:
  - i. Administer first aid
  - ii. Attempt to contact a parent or guardian
  - iii. Attempt to contact the child's physician
  - iv. Attempt to contact the parent through emergency contacts

If we cannot contact the parent or physician, we will do any or all of the following:

- Call another physician
- Call an ambulance
- Have child taken to the Emergency Room with a staff member

Any expense incurred will be borne by the child's family.

4. CCNS will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

5. I give permission for my child to be photographed for use on the CCNS Instagram account and Facebook Page. No names of children are ever used with the photos. Weekly Summer Camp social media posts are made throughout the summer.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

## **Emergency Contact Information**

Child's Name \_\_\_\_\_

**Mother's Name/Guardian's Name:** \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email \_\_\_\_\_

**Father's Name/Guardian's Name:** \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home#: \_\_\_\_\_

Email \_\_\_\_\_

The following person(s) may be contacted in an emergency, if we are unable to reach a parent/guardian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent's Health Insurance Company: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Child's Allergies or Medical Restrictions (if none, write none) Please complete  
Medication Administration Forms if needed:

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Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)