



EDVENTURETECH

2008 Health and Emergency Contact Info

The following information must be completed prior to attending camp.

I. Camper Information

First Name: _____ Last Name: _____ Location _____

II. Emergency Contact Information 1 (Please do not list parents/guardians—they will be contacted first)

Name 1: _____ Relationship: _____

Home Phone #: _____ Work #: _____ Cell #: _____

III. Emergency Contact Information 2

Name: _____ Relationship: _____

Home Phone #: _____ Work #: _____ Cell #: _____

IV. Authorized Check-out/Pick up List (Please do not list parents/guardians)

The following persons are authorized to pick up your child from *Edventure More!* at any time. All persons listed will be asked to provide photo identification at the time of pick up.

Name 1: _____ Relationship: _____

Name 2: _____ Relationship: _____

Name 3: _____ Relationship: _____

V. Insurance Information

Is the camper covered by medical/hospital insurance? _____ Yes _____ No

If so, please indicate carrier or plan name and policy number: _____

VI. Medical Information

Allergies: _____ Yes _____ No

If yes, list all known allergies (e.g. peanuts, bee stings, hay fever .etc)

Allergy 1:	Describe Reaction and treatment:
Allergy 2:	Describe Reaction and treatment:
Allergy 3:	Describe Reaction and treatment:

Edventure Mor! • Edventure Tech

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VII. Medications (if none taken regularly check box and skip to VIII.) NO medications taken regularly

If medications will be taken to camp, please list them below. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

Medication 1:	Dosage and Frequency:	Reason for medication:
Medication 2:	Dosage and Frequency:	Reason for medication:

VIII. Please describe any other health related issues the *Edventure More!* staff or medical personnel should know about this camper when administering care:

Explanation: We take every precaution to ensure the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for this authorization. The authorization granted by this form will be used only when absolutely necessary. We will make every attempt to first contact the parent/guardian to make medical care decisions unless the situation calls for immediate professional medical care. This authorization will be kept on file with *Edventure More!* and the information recorded here will be present on site during all camp hours.

Medical Authorization: I hereby give permission for my child to take part in all summer camp activities led by *Edventure More!* and its staff. I agree to indemnify and hold harmless *Edventure More!* and any representative of the camp from liability for any injury incurred by my child during a camp activity. In case an emergency happens at any point between camp sign in and sign out, I authorize *Edventure More!'s* staff to act as my representative to secure any and all proper medical treatment. I give permission to *Edventure More!* to arrange any necessary transportation related to a medical emergency. I hereby authorize the doctor or the hospital to which my child may be brought (and whomever they may designate as their assistants) to perform any emergency procedure or operation or to give treatment and the administration of an anesthetic to my child.

Off-Site Authorization: I understand that occasionally campers and staff will walk off the school campus to nearby parks and recreation facilities. Please review website, welcome packet e-mail or call for specific off-site location information and routes. **Authorized Pick Up:** I give my full permission for the above named Authorized Check-out/Pick Up people to drop off and/or pick my child(ren) up from camp, at any time. **Authorized Use of Images:** I give permission to *Edventure More!* to include pictures or images of my child in any of its marketing collateral including brochure, website, posters and any other materials used to publicize the camp and/or related services. If I wish to exempt my child, I understand I must notify *Edventure More!* in writing and include a photo of my child for recognition purposes only.

I have carefully read this waiver and release and agree to the terms stated. I certify that I am the parent or legal guardian of the child whose name is listed on this form.

Signature of parent or guardian

Date