

The Dance Foundation

Medical Release and Policies for Summer Camps

This medical release form must be filled out completely and signed by the parent or guardian and returned with a completed registration form and payment.

I, the undersigned parent or guardian, do hereby authorize the staff at The Dance Foundation (TDF) to secure any and all medical treatment for my child, in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care, which he/she may deem necessary. In addition, I authorize The Dance Foundation or their authorized adult to transport my child for medical attention if I cannot be reached. I also understand that TDF staff will not administer any medications other than allergy-related intervention in an emergency situation if detailed in the medical information provided.

I voluntarily agree to release The Dance Foundation and their affiliated entities from any and all liability, claims, demands and causes of action for personal injury or loss suffered by my child in connection with participation in this Camp.

I understand that TDF expects each participating child to have the ability to play and learn well within an age-appropriate group setting. TDF reserves the right to ask a participating child to leave the camp if he/she is disruptive or cannot participate in an acceptable manner. I also understand that any health information provided will be shared with appropriate staff. Should TDF not be able to accommodate my child with appropriate staffing and support due to a health condition or special need, TDF reserves the right to refuse to enroll my child or have my child leave the camp.

Agreed and accepted by:

(Signature of Parent or guardian)

(Daytime contact number)

(Date)

(Child's Name)

(Child's birthdate)

Medical Information

TDF provides snacks to campers and they eat snacks and lunch as a group. What do we need to know about any allergies and related treatment for your child? Please share the details including the level of severity:

List any medications your child will be taking while at our camp, including the correct dosage (TDF staff cannot administer medication- medications must be self-administered)

List any other pertinent information about your child such as health issues or conditions, learning differences, or other details which would be helpful for our staff to know to be prepared to have your child participate?

Doctor's Name _____ Doctors Phone # _____ Hospital Preference _____