

2017 KIDS ON CAMPUS AUTHORIZATION INFORMATION

All forms due prior to the Wednesday before camp.

Camper Name: _____ Age: _____ Birth Date: _____

Physician: _____ Telephone: _____

Address: _____

Dentist: _____ Telephone: _____

Address: _____

Name and Address of Primary Health Insurance Carrier: _____

_____ Group No. _____

Chronic Illnesses/Allergies/Heathnotes: _____

Food Allergies: _____

(1)Emergency Contact _____ (Name) _____ (Cell #) _____ (Work #) _____ (Home #) _____

(2)Emergency Contact _____ (Name) _____ (Cell #) _____ (Work #) _____ (Home #) _____

Due to State of Delaware Public Health requirements, we are obligated to have **CURRENT IMMUNIZATION RECORDS** on file for each camper. You must provide a photocopy of your child's immunization record prior to the first day of camp that indicates they are up-to-date on the following immunizations: **Diphtheria, Rubella, Measles, Tetanus, and Mumps**. Doctor's office may fax directly to 302-259-6759 or email to owens-workforcedevelopment@dtcc.edu.

- In the event that I, my emergency contact, or my family physician cannot be contacted in an emergency, I, _____ (Print Name) hereby give my consent to Delaware Technical Community College to arrange for or provide all emergency medical and dental care necessary to preserve the health of my child. My consent includes the transportation necessary to preserve the health of my child as well as transportation to any and all activities, whether on or off property owned or controlled by the College, in which my child is a participant. I acknowledge that I am responsible for all charges in connection with any care and treatment rendered. On behalf of myself and my child, I release Delaware Technical Community College, its trustees, officers, faculty, and employees from any and all claims arising from emergency treatment and/or administration of medical care with respect to my child.
- Permission is hereby granted for my child to attend and participate in all activities, including those off of property owned or controlled by the College, scheduled in connection with the camp. I understand and acknowledge that participation in the camp and its related activities carries with it the possible risk of physical injury, including serious disabling injury or even death, to my child. I further acknowledge that my child has no physical or psychological problems that would prohibit his/her participation in camp activities. On behalf of my child, I expressly assume all such risk of physical injury or death and hereby release and will hold the Delaware Technical Community College, its trustees, employees and agents, harmless for any and all liability, including negligence actions, claims, debts and demands of every kind whatsoever which arise directly or indirectly from my child's participation in the camp. Moreover, I understand that I am fully responsible for any and all losses or damages that my child inflicts upon any person or upon property, whether on or off of College grounds, during my child's participation in the camp.
- I give Delaware Technical Community College consent to use the name and/or photograph/video of my child for inclusion in promotional, informational and other materials which the College or its staff in its sole discretion consider to be of benefit to the College. This includes (but is not limited to) newspaper, television, and brochures. I waive the right to approve such uses and I release Delaware Technical Community College from any liability in connection therewith.

I HAVE CAREFULLY READ ALL OF THE INFORMATION ON THIS FORM AND VOLUNTARILY AGREE TO ALL TERMS AND CONDITIONS. I AM THE LEGAL GUARDIAN OF THE CAMPER AND UNDERSTAND THAT THE INFORMATION, TERMS, AND CONDITIONS CONTAINED ON THIS FORM SHALL SERVES AS A RELEASE AND ASSUMPTION OF LIABILITY FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS.

Signature: _____ **Date:** _____

Mother, Father, or Legal Guardian

(Home) _____ **(Work)** _____ **(Cell)** _____