



CONSENT TO TREAT

In the event of an emergency wherein any of the documented physicians are not available, I give my consent to provide treatment and to conduct any tests by appropriate medical staff on duty that are required to intervene and obtain necessary medical care.

CONSENT TO ATTEND AND PARTICIPATE

I hereby request and give permission to the New York State Office for Developmental Disabilities permission for the named camper to attend Camp Wilton and participate in all activities. I also agree not to send this individual to Camp if exposed to a contagious disease within 21 days of the date the applicant is to report to Camp, and I will notify the Camp Director immediately.

MEDICATION AUTHORIZATION (check one)

NO The below named camper does not need to take any routine medication (prescription or over-the-counter) while at camp.

YES The below named camper will need to take medication while at camp. I authorize administration of the prescribed medications.

PERMISSION TO APPLY SUNSCREEN AND BUG SPRAY

I give the staff at Camp Wilton permission to apply the following to the below named camper.

Sunscreen

Bug Repellent

PHOTO RELEASE (check one)

Permission is given to Camp Wilton to use any photograph, digital or video taping of the camper and the camper's name for television news stories, newspaper articles, news releases, publications (brochures, newsletters, website, etc.) and community awareness programs.

No photos

WAIVER

All the information provided is accurate and complete to the best of my knowledge.

As the Parent/Guardian/Advocate of _____, I have read and understand the above.

Camper Name

Parent/Guardian/Advocate Signature

Date

Relationship to individual

SWIMMING INFORMATION

Swim assessments will be done at camp by our Red Cross certified life guards. Assessments will be sent home with the camper at the end of the session.

Does the camper enjoy swimming? YES NO

Will the camper swim at camp? YES NO

If the camper does not enjoy swimming, will he or she want to be at the pool during swim time?

YES NO

Will the camper enjoy dipping his or her feet in the water? YES NO

Does the camper wear ear plugs when in the pool? YES NO

Are there any swimming restrictions? YES NO Details: _____

As the Parent/Guardian/Advocate of _____, I have read and understand the above.
Camper Name

Parent/Guardian/Advocate Signature

Date