



Renaissance Health and Waiver Form. Please complete and bring the following forms to camp the 1st day. Completed forms are required for admission. Thank You!

LET'S ALL HAVE FUN!!!!
Health, Pick-up and Waiver Form

Please read this document carefully before signing, as it is a legally binding document. This fully completed form must be given to The Renaissance Child on the first day before any student is allowed to participate in any activity.

Attendee's Name:
Address:
Home Phone:
Age: Date of Birth:
Parent/ Guardian Name: _____ Home Phone: Work Phone: Cell Phone:
Other Parent/ Guardian Name: _____ Home Phone: Work Phone: Cell Phone:
Emergency Contact Name & Phone:
Names of Person(s) other than parents who are authorized to pick up:
Physician Name & Phone:
Does the attendee currently have any of the following? (if yes, please circle and describe below) Asthma, Drug Allergies, Food Allergies, Allergies to Insect Bites, Special Dietary Needs, Frequent Headaches, Dizziness or Seizures or other medical condition. Please Describe:
Medication Information: Our staff cannot administer any medications, prescription or non-prescription, unless we have your permission; this includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the attendee is required to take any other medications while attending our program, s/he must bring the medication and assume responsibility for taking it as needed or indicated. Medication must remain with the program director.
Is the attendee currently taking medication? (If yes, please describe)
Will the attendee require any specific treatment for a medical/emotional condition while participating in the program? (if yes, please describe)

MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named, authorize the Renaissance staff to seek medical treatment for the attendee as they see necessary at a nearby facility. I consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the program session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is

given to provide the program staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility that renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Program staff will make a good faith effort to contact the above-named person(s) or me before seeking treatment. If this is not possible, I understand that the Program staff will notify my designee or me as soon as possible of any and all diagnoses and treatments.

WAIVER/ LIABILITY RELEASE FOR PARTICIPATION

The undersigned, for him/her self, personal representatives and successors, does hereby release and forever discharge The Renaissance Child, and its employees from any and all claims, demands, liabilities, obligations, damages, costs, expenses, loss of service, actions and causes of action including each and every payment for damages said attendee may now or hereafter have against The Renaissance Child arising out of an any act or occurrence incident to the attendees said participation and or the engagement of the undersigned in connection therewith and hereby agrees to indemnify and hold The Renaissance Child and its employees harmless from any and all claims, loss or damage to the attendee resulting from or related to the attendee's said participation. I hereby certify that my child is in good health and may participate in all indoor and outdoor activities. In case of an emergency, I give permission for my child to be given emergency treatment at any hospital reasonably accessible. I will not hold any staff person or volunteer of The Renaissance Child responsible for any injury to my child while attending the program. I will not hold the program facility responsible for any injury to my child while attending the program.

Parent/Guardian:

Signature: _____ Date:

I hereby permit The Renaissance Child to use, in whole or in part, photographs, videos, written extraction and voice recordings of my child for the purpose of illustrations and publications including The Renaissance Child website.

Parent/Guardian Signature _____

I do not permit The Renaissance Child the use of photographs, videos, written extraction and voice recordings of my child for the purpose of illustrations and publications including The Renaissance Child website.

Parent/Guardian _____