



Phillie Bridge Farm Camp 2010 Health/Release Form

Child's Name:

Birth Date:

Please attach a complete up-to-date immunization record for your child.

Describe any health concerns of which we should be aware:

Describe any allergies your child may have (food, medications, insects, etc.):

Does your child need to take any medication during camp? If YES please explain:

Please note: Medications will be self-administered under supervision of camp staff. Medication will only be dispensed if it is stored in its original container and labeled as follows:

- Prescription medications: complete name of child, date prescription filled, expiration date, directions for use (including dosage and time of treatment), instructions for storage, precautions, name and address of dispensing pharmacy, name of physician prescribing medication.
- Non-prescription medications: Complete name of child, directions for use (including dosage and time of treatment), instructions for storage, precautions, authorization from parent/guardian or physician.

Consent to Treat/Release

Although the Phillie Bridge staff is trained to minimize accidents, events in the outdoors can create hazards for program participants. Accordingly, we are required to have each participant sign a release.

I hereby authorize my child to participate in Farm Camp. My child is physically able to participate in active outdoor activities. I hereby release the Phillie Bridge Farm Project, and their employees and volunteers, from any claims, damage or expense sustained by my child in connection with such participation. In case of medical emergency, I give the camp health director or designee the authority to obtain the emergency medical treatment for my child in case the parent or parent's representative cannot be reached. I understand that because this program takes place on a farm there is a risk of tetanus, and that Phillie Bridge Farm Project, Inc. recommends that I check with my physician to make sure my child's tetanus shots are up to date.

Parent/Guardian Signature: _____

Date: _____

Permission to Photograph (optional)

I hereby grant permission to the Phillie Bridge Farm Project, Inc. to use photographs of my child in publications related to farm camp and education programs at the farm.

Parent/Guardian Signature: _____

Date: _____

Please return to:
amie@philliesbridge.org
or
Amie Baracks
45 Phillie Bridge Road
New Paltz, NY 12561