



Medical Contact Form

Family Information:

Child 1: _____ Grade: _____

D.O.B.: _____

Child 2: _____ Grade: _____

D.O.B.: _____

Child 3: _____ Grade: _____ D.O.B.: _____

Parent/Legal Guardian

Title: _____ Name: _____

Relationship to Child _____

Mailing Address: _____ City: _____

St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext: _____

Email: _____

Parent/Legal Guardian

Title: _____ Name: _____

Relationship to Child _____

Mailing Address: _____ City: _____

St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext: _____

Email: _____

Other Persons Permitted to remove child from camp:

Please indicate with an () those persons who may be contacted in an emergency if we are unable to reach a parent or guardian.*

Name: _____ Relationship _____

Home: _____ Cell: _____ Work: _____

Name: _____ Relationship _____

Home: _____ Cell: _____ Work: _____

Name: _____ Relationship _____

Home: _____ Cell: _____ Work: _____

Please notify the school if anyone other than those listed will be picking up your child. For your child's safety, RPA will not release any child without Parental authority.

Medical Information:

Student's Physician: _____

Physician's Phone: _____

In the event of an emergency involving my child, RPA will make every effort to first call the parents, I hereby give my permission for the staff of Royal Palm Academy to seek necessary treatment. I will assume all resulting financial obligations.

Health Care Provider: _____

Policy Number: _____

Prescription Medication:

Name of Medication: _____

If prescription medications, may be administered)

Time(s) med. is to be given: _____ Dosage to be given _____

Allergies:

Does your child have any allergies? _____

If Yes, Explain: _____

Does your child have any physical, medical, or emotional conditions/dis-

abilities? If Yes, Explain: _____

Does your child have any condition not listed above that emergency person-

nel should know about? If Yes, Explain: _____

I/We release and waive, and further agree to indemnify, hold harmless or reimburse RPA Summer camp, the individual members, agents, employees and representatives thereof, from and against any claims which i/we, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries to the student or to myself, or to any person or property, during the time of the student's attendance or my physical presence at RPA Summer Camp, during travel to or from RPA Summer Camp, and during any activity which may occur off of the Royal Palm Academy property, whether or not such losses, damages or injuries were sustained in connection with the school's camp or its activities and arising out of or in connection with the rendering of emergency medical procedures or treatment by RPA staff for my/our child(ren) as authorized in this enrollment contract.

Parent/Guardian Signature _____ Date: _____

I grant permission for my child to be photographed and identified at camp events and for his/her image(s) to appear in the public domain, i.e. newspaper articles, television newscasts, marketing material, etc.

Parent/Guardian Signature _____ Date: _____