

2020 Fun in the Sun CAMP EMERGENCY RECORD

FAMILY CONTACT INFORMATION -Parents /or Guardians :

Parent 1: Relationship to student Mother Father Other _____

Last name _____ First name _____ Cell number() _____

Email _____

Parent 1: Relationship to student Mother Father Other _____

Last name _____ First name _____ Cell number() _____

Email _____

Does the student reside with both parents? **YES** **NO** if NO please provide alternate address of parent or guardian :

If NO - List living and custody arrangements _____

Alternate Address for Last name _____ First name _____

Home Address _____ City _____ Postal Code _____

Does the student have a previous history of any communicable diseases? **Yes/** **No**

Please specify _____

Does the student require any medication or suffer from any current disease? **Yes/** **No**

Please specify _____

Does the student have dietary restrictions or preferences no pork no beef Halal Kosher Vegetarian **Other** _____

Does the student suffer from any allergies or food intolerances? **Yes/** **No**

Please specify _____

Is this a life-threatening allergy which requires an **Epi-Pen** for emergency situations? **Yes/** **No**

If yes : I agree to provide TRMS with two Epi-Pens and to the following Anaphylactic Personal Response Plan:

In case of respiratory distress immediately administer EPI-PEN - call 911 - & contact guardians ASAP.

Other: _____

Emergency Contacts (other than parent/guardian) authorized to pick up student in event of emergency:

1-Name: _____ Relationship to student: _____ Phone #: _____

2- Name: _____ Relationship to student: _____ Phone #: _____

I have provided a copy of my child's immunization record

Participation Permission

With reference to the categories listed below I _____ **as parent or guardian of (student)** _____

grant them **permission to participate** as follows during the whole of their attendance at TRMS and until they withdraw from the TRMS summer camp program:

- permission for my child to participate in offsite field trips organized by the TRMS. I understand that information relating to those field trips will be posted in the camp newsletters emailed to parents.
- permission for my child to participate in occasional school nature walks in the neighborhood and to the local park.

DO NOT authorize my child to participate in these activities and I understand that I am responsible to make alternative arrangements for my child's care during these activities. **Parent/Guardian's Initial** _____

I AUTHORIZE (unless indicated & initialed otherwise) TRMS as follows:

-To take photos of my child for the school yearbook **I do NOT** _____ **initials**

-To use these photos for school promotional materials (such as brochures, newspaper, TRMS website). **I do NOT** _____ **initials**

-To use these photos on the school's Social Media accounts (Facebook & Twitter). **I do NOT** _____ **initials**

- To post these photos on the school's communication app "Himama" **I do NOT** _____ **initials**

I understand that all photos posted on the **TRMS shared photo gallery are exclusive property of TRMS** and that as a user I am not authorized to use the photos of other students or group photos for any of my personal purposes. I am only authorized the exclusive use of photos of my own child. I also understand that Trafalgar Ridge Montessori School is not liable for the breach of use of these photos.

Signature of Parent(s) / Guardian(s) _____ **Date :** _____, 2020