

Date Application Received: _____

Child's Name: _____

D.O.B _____



Parent/Guardian Information

Mother: _____ Father: _____

Home Address Guardian #1 _____

Home Address Guardian #2 _____

Home Phone Numbers: _____

Work Phone Numbers: _____

Cell Phone Numbers: _____

Child Lives with : _____

Alternate and Authorized Pick up Persons

The Department of Public Health requires that In case of an emergency, an early dismissal, yo

Contact Name	Contact Phone Numbers

ur child is ill, and/or needs medical attention and must be picked up; emergency contact people are assigned in the event you cannot be reached. The center will make every effort to contact the above parent/legal guardian(s) should this occur however, the following people identified have permission to pick up your child from the program daily and/or in the event of an emergency. (Please note, should you want to authorize someone to pick up your child on a given day who is not listed here, you must contact us (preferably in writing) with the name and phone number of the person. Identification at pick up will be required.) The above named people have my permission to pick up my child

Parent/Guardian Signature; _____ Date; _____

Photo & Video Release

I, _____ give permission to the new London County Historical Society to photograph and/or videotape my child, _____, for display, publicity, and media coverage of events in which my child may participate while attending the NLCHS Summer Program.

Unauthorized Pick up Policy

It is the parent's/legal guardian's responsibility to notify the NLCHS, (preferably in writing) in advance should it be necessary for someone other than those who are already authorized to pick up your child for that day. Proof of identification will be required at pick up. Should you wish to add or remove a person from the alternate pick up list, a written request must be submitted signed and dated by the parent/guardian.

I have read and understand the above unauthorized pick up policy

Parent/Guardian Signature

Date

Permission for Emergency Care and Treatment

I hereby grant The Salvation Army Early Learning and School Age Programs and staff permission to take whatever steps may be necessary to obtain emergency medical care for my child at time he/she is in their care, including while on a trip if warranted. These steps may include, but not be limited to, the following:

1. Call paramedics or another physician, if so directed.
2. Have the child taken to an emergency clinic or emergency room via an ambulance accompanied by a staff member.
3. Order emergency treatment recommended by the attending physician to sustain my child until the parent/guardian can be located.
4. Provide CPR or First Aid to children and youth on an as-needed basis from certified staff.

If your child get's ill and/or hurts him/herself and does not need emergency care, the following steps will be taken:

1. Staff will provide first aid to include use of an ice pack, bandaids, gauze or bandage.
2. Staff will call parent at the phone numbers provided
3. If staff cannot reach the parent/s, the alternate pick up list will be called.

Please note the following:

- Parents (or emergency contacts) are required to pick up their injured or sick child within an hour of the initial phone call. Children should remain fever free and symptom free for at least 24 hours before returning to the program. Staff reserves the right to request medical clearance from the child's pediatrician.
- The New London County Historical Society will not assume financial responsibility for medical care.
- The New London County Historical Society will be held harmless for following the above protocol if provided with incorrect and/or false information.

I understand the NLCHS Summer Program medical policies.

Parent/Guardian Signature

Date

Participation Agreement

The Undersigned participant in Summer Student Museum Camp at the New London County Historical Society ("NLCHS") and his or her parent(s)/legal guardian(s) hereby agree as follows:

1. My parent(s)/legal guardian(s) and I hereby agree that we will adhere to the following rules of NLCHS Summer Student Museum Camp (the "Camp").
2. My parent(s)/legal guardian(s) and I hereby understand that we must have family medical coverage for me; and that NLCHS will not provide any medical coverage at the Shaw Mansion for any injuries or illness that may arise during the weeks of the Camp regardless of how caused.
3. My parent(s)/legal guardian(s) and I further agree that we will bear the cost of my transportation from Shaw Mansion at 11 Blinman Street, New London, Connecticut, in the event of illness or if the Camp instructor determines, in their sole discretion, that my behavior has been inappropriate or disruptive to the Camp, or that I have acted in a manner detrimental to the safety of, or the successful completion of, the Camp.
4. My parent(s)/legal guardian(s) and I also agree that we will accept responsibility and will pay for any property or other damages that the NLCHS determines were caused by the student.
5. The undersigned parent(s)/legal guardian(s) agree that if the student must leave the Camp before the end of the day, for any of the above reasons, or for any other reason as determined by the Camp Instructor, they will be responsible for the transportation to the student's home or other place designated by the parents or guardian.
6. The undersigned parent(s)/legal guardian(s) and student hereby unconditionally release the NLCHS, and any of its officers, directors, executives, employees, agents, volunteers and anyone working under, through or in connection with any of them with respect to any incident, claim, occurrence, loss, injury, or damage that could or may arise out of such participation, including, by way of illustration and not limitation, travel to and, from the Shaw Mansion; use of any and all facilities used for Camp or any part thereof; whether or not the same may be deemed to be a part of Camp or not, from the time when I shall leave my permanent residence until the time when I shall have returned thereto, unless such injury, loss or damage is caused by the gross negligence or willful misconduct of NLCHS.
7. The undersigned parent(s)/legal guardian(s) and student hereby acknowledge that we are executing this instrument with full knowledge of the purpose and effect of the contents hereof, that we have had the benefit of legal advice and counsel of our own choosing, and that we execute the same freely and voluntarily, and on the basis that this instrument cannot be altered or revoked except in a writing approved and signed by my parent(s)/legal guardian(s), and an authorized staff member of the NLCHS.

By signing below, my parent(s)/legal guardian(s), and I agree to the terms outlined above.

Signature of Student _____ Date _____

Signature of Parent/Guardian: _____ Date _____