2017 CAMP WARWICK NOTARIZATION FORM

THIS FORM MUST BE COMPLETED BY PARENT/ GUARDIAN AND NOTARIZED BEFORE REGISTRATION WILL BE ACCEPTED.

Please use one form per child. Copies may be made of this form.

CAMPER INFORMATION

Camper Last Name _____ Camper First Name _____ Initial _____

Parent/Guardian Full Name _____

Best Telephone Number to reach Parent/Guardian: _____

EMERGENCY CONTACT INFORMATION* (*if parent/guardian cannot be reached*) Please use the SAME emergency contact information as provided on Page 1.

Emergency Contact #1 _____ Telephone _____

Relationship to Camper _____

Emergency Contact #2 _____ Telephone _____

Relationship to Camper _____

If camper is residing with a friend or relative other than parent/guardian during the week they are attending camp, please list that individual as Emergency Contact #1.

CAMP WARWICK REGISTRATION & HEALTH RECORD CONSENT RELEASE

In signing this release, I certify that the information on the Camp Warwick Registration Form and Camp Warwick Health Record is correct. In case of a medical emergency, I authorize the release of medical records and understand that every effort will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, permission is hereby given to the physician selected by The Warwick Conference Center to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward, as named herein. I understand that I am responsible for the cost of prescriptions, doctor visits and/or emergency room visits during my child/ward's stay at Camp Warwick. I authorize the Camp Warwick Health Director to supervise the self-medication of prescription and over-the-counter medicines by my child/ward at on-site camps and supervise the First Aid Personnel of off-site camps in the distribution of medicines. I give permission for my child/ward to be transported in the Warwick Conference Center vehicles to and from public transportation. I give permission for my child/ward to be transported in the Warwick Conference Center vehicles as necessary for approved off-site camp activities. I authorize the use of photographs and videos of my child/ward in camp publicity.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

NOTARIZED HOSPITAL RELEASE STATEMENT REQUIRED BY THE MEDICAL FACILITY AND CAMP WARWICK.

ACKNOWLEDGEMENT BY INDIVIDUAL

STATE OF *)*
SS:
COUNTY OF)

On this (day) _____ (month of) _____, (year)_____, before me personally came _____, to me known and known to me to be the person described in and who executed the forgoing instrument and he/she acknowledged to me that he/she executed the same.

_____
Notary Public