



CEDAR HILL FARMS
SUMMER PROGRAM



Permission and Emergency Notification

Camper's name _____ Birthdate _____ Gender _____

Liability Waiver: I, as parent or legal guardian, do hereby grant the Cedar Hill Farms staff the right to authorize emergency medical treatment for my child named above in the event that I or my designated representative cannot be reached. I agree to hold harmless Cedar Hill Farms and its agents from liability arising out of an accident situation. The North Carolina Good Samaritan Law will apply.

Signature: _____ Date: _____

Parent Information:

Mother/Guardian: _____ Street: _____

City: _____ State/ZIP _____ Phone H: _____

Cell: _____ Email: _____ Work: _____

Father/Guardian: _____ Street: _____

City: _____ State/Zip: _____ Phone H: _____

Cell: _____ Email: _____ Work: _____

Names of relatives or friends in the event that parents/guardians cannot be reached:

Name : _____ Relationship: _____ Phone: H: _____

Phone W: _____ Other phones/pagers: _____

Name : _____ Relationship: _____ Phone H: _____

Phone W: _____ Other phones/pagers: _____

Medical Information:

Family Physician: Dr. _____ Phone: _____

Dentist: Dr. _____ Phone: _____

Health Ins. Co. : _____ Policy #: _____ Hospital preference: _____

Allergies: (medications, insects, food, etc.)

Date of last tetanus shot: _____ Contact lenses? _____ Any physical limitations? Yes ___ No ___

If so, please describe: _____

Current medications: (do not list vitamins/Do include bee sting kits)

Will medication be taken (or need to be given) while your child is in our program? Yes ___

No. ___ If yes, please explain. _____

We need this form in our files to complete your child's registration.