

# Pepperhill Farm

Pre-School and Summer Day Camp



## Pick Up and Emergency Contact List

(Please read and sign)

**Camper/Student Name** \_\_\_\_\_  
(First) (Initial) (Last)

### Authorized Persons to Pick Up Your Child:

<u>Name</u>	<u>Phone</u>	<u>Drivers License Number</u>
1.		
2.		
3.		
4.		

### Emergency Medical Care and Procedures

I hereby grant permission for the director to take whatever steps may be necessary to obtain emergency medical care if warranted. The steps may include, but not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician (please include physician's name & phone number.)
3. Attempt to contact you through any of the persons listed on the Emergency Contact List.
4. If we cannot contact your child's physician, we will do any of the following:  
*(a) Call another physician; (b) call an ambulance; (c) Have the child taken to the emergency hospital in the company of a staff member.*
5. Any expenses incurred under Item 4 (above) will be borne by the child's family.
6. The camp/school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The camp/school will not assume responsibility for a child who has not had all the necessary forms filed with the camp/school.

**Physician Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency Hospital Preference** \_\_\_\_\_

**Health Insurance** \_\_\_\_\_

→ **Signed:** \_\_\_\_\_ (Mother) **Date:** \_\_\_\_\_

→ **Signed** \_\_\_\_\_ (Father) **Date:** \_\_\_\_\_

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