

Eliot Community Service Department – Summer Camp Enrollment Form – Page 2

Youth's Name: _____

Please list any individuals that your child is familiar with, but is not allowed contact with your child.

Doctor's Name:	Phone:	Hospital of Choice:
Dentist's Name:	Phone:	
Insurance Carrier:	Policy #	
Please include a copy of your child's insurance card		

Please list any medications and dosage.			
Will your child require the above medication(s) during camp hours?	Yes	No	If yes, please speak with one of the directors.
Allergies (Include medication and life-threatening allergies such as bee stings):			
List and explain any physical disabilities or conditions (hearing, vision, speech, movement, etc.):			
Has your child been coded for a condition that we should be aware of in order to better work with him/ her? (Example: ADD, ADHD, LD, etc.)			

I, as parent or legal guardian, give my permission for my child to participate in this summer camp program. I agree not to hold the Eliot Community Service Department, the Town of Eliot, Maine, its employees, instructors, administrators, and authorized volunteers liable in the event of an injury incurred as a result of my child's participation in the program. I authorize the Eliot Community Service Department to obtain any necessary medical evaluation and treatment. Notice is hereby given to any health care provider that the Eliot Community Service Department is fully authorized to obtain the necessary evaluation and treatment. I agree to abide by the refund policy, other policies and procedures of the Eliot Community Service Department. I have read and agree to the policies and procedures outlined in the program's Parent Manual.

Signature of Parent or Legal Guardian

Date