

VISIONTECH CAMPS & CLASSES

117 Town and Country # B Danville, CA 94526 Ph-925-699-9602 Fax 925-556-9734

EMERGENCY INFORMATION FORM

CHILD INFORMATION

PLEASE PRINT IN INK

Child's Name				
Birthdate (MONTH/DAY/YEAR) / /	Grade	Age	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Home Address		E-mail Address		
City/State/Zip		Home/Cell Phone		
Parent/Guardian		Work/Cell Phone		
Parent/Guardian		Work/Cell Phone		

HEALTH INFORMATION

Name of Health Insurance Company
Policy Number
Family Doctor Name
Phone Number
Dentist/Orthodontist Name
Phone Number

CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACTS

Persons **AUTHORIZED** to Pick Up Child from Facility:

Name	Relationship	Home/Work/Cell Phone
1. _____		
2. _____		
3. _____		

Child in Custody of: Both Parents Mother Father Guardian
 Other _____

Child lives with: Both Parents Mother Father Guardian
 Other _____

Persons **UNAUTHORIZED** to Pick Up Child:

1. _____
2. _____

HEALTH HISTORY:

List any required accommodations for child with special needs:

List allergies, serious injuries, diseases, operations and any restrictions on physical activity:

MEDICATION ADMINISTRATION

* For any medications to be administered in camp, we must have a completed medication administration release form available at the Visiontech camp facility

VISIONTECH CAMPS & CLASSES (VTC) RELEASE/WAIVER FOR VISIONTECH CAMPERS

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all VTC programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to participate in Vision Tech camps & classes

I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

- Acknowledge that I have read this document, and I voluntarily sign this document.
- Release the VTC, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any VTC camp or class.
- I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the VTC camp; whether caused by the negligence of Releasees or otherwise.
- I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- I do hereby authorize the VTC as agent for the undersigned, to consent with respect to said minor, to any xray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the VTC is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Guardian Signature _____

Date _____

PHOTOGRAPHIC WAIVER/CONSENT

I, _____ give my permission to the Visiontech Camps & Classes (VTC) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the VTC's general publicity and campaign materials.

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<http://www.visiontechcamps.com>