

EMPOWER AND HELP
Health and Waiver Form

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215-840-5366

Building future leaders, where children can realize their highest potential!

Student Name: _____
Last First Middle Initial

Address: _____
Street

_____ City State Zip Code

Phone Number: _____ E-mail Address: _____

Elementary/Middle School: _____

Grade Level: _____ Birth Date: _____ Age: _____ Gender: _____

Emotional or Health Issues: _____

Any allergies or on any Medication: _____

Please list anything special about student that we should be aware of:

Parent/Guardian Name
_____ Last First Relationship

Parent/Guardian Name
_____ Last First Relationship

Telephone (_____) _____ Alternate Phone (_____) _____

Primary email _____ Alternate email

Pick-Up Authorization:

Parent agrees that the following people are authorized to take student out of the camp:

Name:	Relationship:	Address:
Phone:		

- 1
- 2

Outdoors Play: Parents give permission for the child (ren) to use all of the playground equipment and to participate in all the activities offered by the camp. Outdoors play will be limited to the backyard and front cul-de-sac area with supervision.

Outdoors play permission. _____ (initial)

Club House: Parents give permission for their child (ren) to go to the club house and use the facilities offered there including but not limited to the pool, table tennis, basketball courts, etc.

Club House use permission. _____ (initial)

CONSENT FOR EMERGENCY TREATMENT: Parent hereby gives permission that student may be given emergency medical treatment by a qualified staff member at the Camp. Parent also hereby gives permission for Student to be transported by emergency vehicle to the nearest hospital for medical treatment. In the event that Parent cannot be reached or located, Parent further consents to medical, surgical, and hospital care treatment and procedure to be performed by a licensed doctor or hospital when deemed immediately necessary or advisable by the doctor to safeguard Student’s health. Parent further consents to ANY medical care to be performed ON the premises of Camp and also authorizes ANY necessary emergency medical care to be performed by a licensed medical practitioner. If Student does become ill during school time, School will immediately call the Parent.

Parent, please fill the following out as accurately as possible.

Child’s Name	Address	Phone
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BirthDate	Allergies
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Mother’s Name/Phone	Father’s Name/Phone
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Child's Doctor

Address

Phone

IN CASE OF EMERGENCY CALL: (Other than Parents) Please list name, relationship to student and phone numbers.

1. _____

2. _____

I agree to all the terms and conditions listed in the above form and provide consent to treat my child in case of emergency.

Photo Release:

I, _____ hereby grant permission to Empower And Help to take photographs and/or digital images of my child _____ for use in news releases and/or educational materials.

Image may be used in printed publications or materials such as class brochures or posters, electronic publications (such as email newsletters) or on the website, www.empowerandhelp.com.

Empower And Help agrees not to use children's names in connection with their images in any publication.

Name of Parent:

Parent/Guardian Signature

Date