

33 Gallows Lane
New London, CT 06320
Phone (860) 442-0391
Fax (860) 442-5008
www.dnaepicenter.org
programs@dnaepicenter.org



Medical & Emergency Contact Information Form

In case of an emergency and parents/legal guardians cannot be reached, please contact:

First Name _____ Last Name _____

Relationship _____

Home phone _____ Work phone _____

Cell phone _____

Physician:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone Number _____

Hospital Affiliation _____

Health Insurance Company _____

Policy Number _____

People Authorized To Pick-Up Your Child

Parents/legal guardians must include themselves.

First Name _____ Last Name _____

Relationship _____

First Name _____ Last Name _____

Relationship _____

First Name _____ Last Name _____

Relationship _____

First Name _____ Last Name _____

Relationship _____

Please list all conditions the DNA EpiCenter staff should be made aware of and preventative measures we can take to ensure a safe learning environment for all students. (ex. ADD, ADHD, Asthma, Autistic, bee allergy, blind, colorblind, confined to wheelchair, deaf, ESL, latex allergy, peanut allergy, etc.)

Please list all medications your child takes on a daily basis.

Will your child need to take any prescription medication during camp hours? This includes an Epi-Pen and an inhaler.

Please check appropriate line _____ Yes _____ No

Please note that if your child must take any type of prescription medication during camp hours it must be self-administered, and a **self-administration order from a medical doctor** must be on file at the DNA EpiCenter.

Will your child have any type of over-the-counter medication for us to store under lock and key in our Medicine Cabinet?

Please check appropriate line _____ Yes _____ No

If yes, please list the medication(s) _____

If over-the-counter medication must be taken during camp hours then a **self-administration order from a parent/legal guardian** must be on file at the DNA EpiCenter.

Date of your child's last Measles, Mumps & Rubella shot (month/day/year) _____

Date of your child's last Tetanus shot (month/day/year) _____

Consent and Release

I/We _____ and _____ are parents/legal
Name Name

guardians of _____ born on _____ and who will
Name of Child month/day/year

be enrolled in the following program(s) at the DNA EpiCenter:

Name of Program #1

Date of Program #1

Name of Program #2

Date of Program #2

Name of Program #3

Date of Program #3

Name of Program #4

Date of Program #4

I/we authorize the DNA EpiCenter Staff to carry out standard first aid and/or CPR to my/our child if deemed necessary.

Signed: _____
(Parent or Guardian) Date

Signed: _____
(Parent or Guardian) Date

I/we authorize the DNA EpiCenter Staff to call an ambulance to transport my/our child to the hospital for professional medical treatment in the event of an emergency.

Signed: _____
(Parent or Guardian) Date

Signed: _____
(Parent or Guardian) Date

I/We understand that the DNA EpiCenter's Camp Programs are organized and administered by the DNA EpiCenter Staff. I have read the DNA EpiCenter Camp Program description and am familiar with and recognize the risks inherent with these programs, and I/we assume all risks of injury and loss arising or resulting from my child's participation hereby releasing the DNA EpiCenter and the DNA EpiCenter's employees from liability for any such injury or loss.

Print Name of Child _____

Signed: _____
(Parent or Guardian) Date

Signed: _____
(Parent or Guardian) Date