





# Camp Crossroads Summer 2017

## EMERGENCY MEDICAL ATTENTION AUTHORIZATION

IN THE EVENT I CANNOT BE REACHED to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize a Crossroads School Inc. representative to enlist the help of 911 emergency services, or any other emergency medical assistance necessary. I give my consent for any and all treatment deemed necessary for my child when he/she is in the care of emergency personnel.

I agree that I will be responsible for payment of all such services and treatments provided for my child. I further agree that neither Crossroads School Inc., nor any of its representatives, shall be held liable for any medical treatment provided by the treating EMS personnel, emergency room personnel. I agree that representative(s) of Crossroads School Inc. are given limited power of attorney to sign documents to obtain medical care for my child.

Emergency Contact Information For: \_\_\_\_\_  
(Student Name)

### **\*\*\*Parent/Guardian Emergency Contact Information\*\*\***

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **\*\*\* Parent/Guardian Emergency Contact Information \*\*\***

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Name: \_\_\_\_\_

IF PARENTS CANNOT BE REACHED, CALL:

Name	Phone#:	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ALLERGIES:** Yes / No To What? \_\_\_\_\_

If having a reaction what action should be taken? \_\_\_\_\_

**RELEVANT MEDICAL INFORMATION** which may influence school work/attendance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS & DOSAGES** currently being administered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION: Please attach a copy of your Insurance Card**

If not attached, please complete information below.

Ins. Carrier: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Ins. Carrier's Phone No: (\_\_\_\_) \_\_\_\_\_ Subscriber #: \_\_\_\_\_

**EMERGENCY PHYSICIAN & HOSPITAL PREFERENCE**

In the event a medical emergency should arise which does NOT require \*911\* intervention AND in which a parent/guardian cannot be reached, I request the following physician be contacted and/or my child be transported to the following hospital:

**PHYSICIAN:** \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**PREFERRED HOSPITAL:** \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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## AUTHORIZATION FOR MEDICATION ADMINISTRATION

I hereby authorize Crossroads School Inc. to administer the specified medication(s) according to the stated instructions as follows:

Medication	Dosage	Instructions

Please note the following information:

- All prescription medication must be in the original container labeled with the student's name, physician's name, date, and directions for administration. Your pharmacy will provide you with a duplicate prescription bottle if requested.
- All medication will be administered according to the instructions on the label unless you and/or your physician notify us in writing – email is sufficient.
- If your child is prone to headaches, sore throats, etc., please send any necessary medication to treat these conditions to school.
- Nonprescription medication must be in the original container labeled with the student's name, directions for administration, and the date it is brought to the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Student Name: \_\_\_\_\_



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## AUTHORIZATION TO RELEASE STUDENT TO NON-PARENTS/GUARDIANS

Student Name: \_\_\_\_\_

It is the policy of Crossroads School Inc. to release students to **authorized** individuals only. Please complete this form and list all individuals who have your authorization to pick up your child at summer camp.

I authorize Crossroads School Inc. to release my child to the following individuals:

Name	Relationship	Phone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: If a person **not** on this list is to pick up your child written notice is required giving the school authorization to release your child to this person (email is acceptable). **Please include the cell phone number of that person.** In an emergency, call the school office and give verbal permission. Please be aware that you child will not be released to individuals without your specific authorization. Inform anyone picking up your child to park and go to the school office to pick up the student. A valid photo ID must be presented in order for the student to be released to them.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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## FIELD TRIP AND TRANSPORTATION PERMISSION FORM

Student Name: \_\_\_\_\_

I hereby give permission for my child to participate in any field trip or excursion that is authorized by Crossroads School Inc.. I also hereby authorize Crossroads School Inc. to provide transportation for my child for the field trips and excursions that will take place away from school property and that are conducted and supervised by the staff of Crossroads School Inc.. I understand that parents or staff may drive on trips away from school and the Field Trip Policies listed below will be followed for all trips off the school property.

Crossroads School Inc. Field Trip Policies:

- All drivers must be at least 25 years of age
- All drivers must have a valid driver's license
- All drivers must provide a valid copy of their current auto insurance
- All vehicles used to transport students must have current state inspection and registration
- All passengers must wear seatbelts

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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## LIABILITY RELEASE

Student Name: \_\_\_\_\_

I herewith release Crossroads School Inc. from liability and from any and all claims against Crossroads School Inc. and any of its employees, agents or servants or other persons acting on their behalf and at their direction, individually or collectively for any injuries which may be received by a student during a school/camp day, whether in a classroom, on the playground, or on a field trip, either at the field trip destination or in travel to or from said destination.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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## MEDIA RELEASE

\_\_\_\_\_ I authorize Crossroads School Inc. to use my child's photo in its promotional, public relations, and/or media materials, as well as on the school's website ([www.CrossroadsHouston.org](http://www.CrossroadsHouston.org)) or social media sites.

\_\_\_\_\_ I DO NOT authorize Crossroads School Inc. to use my child's photo in its promotional, public relations, and/or media materials, or on the school's website or social media sites.

Student Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Print Name Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





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## MEDICAL AUTHORIZATION FOR CAMP PARTICIPATION

Date: \_\_\_\_\_

My child, \_\_\_\_\_, has been examined by a licensed physician  
Printed Child's Name

within the last year and is in good health and able to participate in camp activities at Crossroads School Inc. without any restrictions. Please provide the school with the following information regarding your child's physician:

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Please provide any medical information that may be helpful for us to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_