Camper Name:

Emergency Contact Information

In the event that the parent / guardians cannot be contacted in an emergency, it is essential that the camp administration has the name of a person(s) who can be contacted. This person should be: familiar with your camper, be willing to assume responsibility for him / her if needed, be aware that his/her name bas been provided on file for this purpose and be available day or night in the parent's/guardian's absence.

Name: _____ Relationship: _____

Address: _____

_____

Phone: _____ Work Phone: _____

Cell: _____

Emergency Medical Treatment Release

I hereby give The Arc of Somerset County, Inc., the Camp Jotoni administration, and the medical personnel selected by the Camp Director (or his / her designee) permission to authorize all routine and non-routine medical tests and medical treatment; to release any records necessary for insurance purposes; and to provide or arrange appropriate transportation for my child, the camper whose name appears below.

I understand that the camp administration will make reasonable attempts to communicate with me prior to medical treatment in non-life threatening and other non-emergency situations, but that in accordance with the preceding paragraph, medical examination and treatment will be performed in life threatening and other emergency situations, even when successful communication has not been established.

I also understand that the permission I have given by signing this form is a material inducement of acceptance of my child as a camper. I also confirm that I have given the camp administration and the Somerset a complete and accurate medical history of my child.
This form may be photocopied for trips off the camp grounds.

Camper's Name: _____

Signed: _____ Date: _____
(signature of parent/ guardian)

Witness: _____Date: _____
(signature of witness)

Camper Name:

Permission Statements:

Permission is granted for:

A. Pictures of camper(s) engaged in camp related activities may be taken and used for publicity purposes including but not limited to, publication in commercial periodicals, camp newsletters, and various publications of the Arc of Somerset.

B. My child to participate in any off-site field trips which are part of the day, residential Action and adventure, or travel camp program, including overnight stays off camp grounds.

C. **RELEASE:** I hereby release the Arc of Somerset County, Camp Jotoni and its employees of any responsibility or liability for any injury and/or illness derived from participation in the Camp Jotoni program. I acknowledge the conditions set forth and agree with their contents in their entirety.

_____ Date: _____
(signature of parent / guardian)

Failure to sign or altering this document in any way will forfeit your camper's participation in our programs.

Additional Contact Information

Siblings / Household Members		Professional Care	
Name / Age:	Contact #	Name / Position	Contact #
		(Caseworker)	
		(Teacher)	
		(Counselor)	