

# Eesti Laste Suvelaager • 9.-12. aug 2017

## Chicago Eesti Maja • Riverwoods, IL

### Camp Emergency Form

Child's name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Who Is Authorized To Transport My Child From Camp?

Name	Relationship to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF AN EMERGENCY, MY CHILD MAY BE TAKEN TO THE NEAREST HOSPITAL BY PARAMEDICS?

YES \_\_\_\_\_ NO \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please add any additional information you feel is necessary for the staff to know about your child:

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

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CHILD'S NAME \_\_\_\_\_

### EMERGENCY TREATMENT AND RELEASE OF ALL CLAIMS

In case of an emergency involving my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any camp volunteers or professionals who need to know of medical conditions that may require special consideration in conducting the camp's activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Estonian House, Inc. in Chicago, the Chicago Estonian School, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the Estonian House Inc. in Chicago as well as their authorized representatives, the right and permission to use and publish the photographs/ film/ videotapes/ electronic representations and/or sound recordings made of me or my child at all camp activities, and I hereby release the Estonian House Inc. in Chicago, the Chicago Estonian School, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/ videotapes/ electronic representations and/or sound recordings without limitation at the discretion of the Estonian House, and I specifically waive any right to any compensation I may have for any of the foregoing.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_