



## C-4 Summer Resident Camp Emergency Permission Forms

We the parents of (*please print*) \_\_\_\_\_ would like to register our child for the summer program in Outdoor Education from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. Child's age \_\_\_\_ . Girl \_\_\_\_ Boy \_\_\_\_

Name of School and District \_\_\_\_\_ Grade \_\_\_\_ ( in 2011-2012)

Child's address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_

Yes \_\_\_\_ No \_\_\_\_ (Please check one) For good and valuable consideration, I hereby consent to and authorize the reproduction, publication, and use by MOHICAN SCHOOL IN THE OUT-OF-DOORS, INC. and their successors and assigns, for advertising, commercial, or any other purposes any photograph, picture of likeness of my child. (Photos most likely to be taken would be for the Mohican slide presentation and for newspaper articles).

### LIMITED PURPOSE POWER OF ATTORNEY: CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY

1. The undersigned hereby appoint the Mohican School in the Out-of-Doors, Inc. and each of its authorized agents, each to act alone, and delegate to the same the power to consent on our behalf to all emergency treatment and/or any medical care (except elective surgery) of (child) \_\_\_\_\_, determined to be necessary or desirable by our child's attending physician at the hospital in which emergency treatment and/or medical care is sought.
2. This power of attorney shall be in effect for the days my child attends Mohican School.
3. We, the undersigned, release the Mohican School in the Out-of-Doors, Inc., its Board of Directors, Board of Trustees, officials and employees and any of its authorized agents from any obligation or liability, actual or implied, concerning their use of this limited purpose power of attorney.
4. The undersigned certify that they have read this power of attorney and release of liability (or had it read to them), and that they understand the same. "This information will be summarized and provided to the Mohican Staff who are in direct care of your child(ren)."

**The medical information I have given about the child registered in this form is correct to the best of my knowledge.**

In the event the above child needs to go home before the program is over any day, **the parent or guardian who signs this form must be the person who checks the child out** at Mohican unless the legal parent or guardian sends a signed note authorizing another person to do so. The person who desires to check the child out of Mohican must identify him/her self and show a photo ID.

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PLEASE COMPLETE

Student's Full Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Physician's name & telephone  
number \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Dentist's name & telephone number \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Parent's telephone numbers: Day(\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_\_) \_\_\_\_\_

Parent's or Legal Guardian's Social Security Number (required by Hospital & Physicians):

\_\_\_\_\_

Parent's or Legal Guardian's  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Legal Guardian's Signature \_\_\_\_\_