



CAML Academy Photo/Medical Release Form

Student First Name:

Last Name:

Needs Assessment: CAML Academy desire to help meet each child's physical, social and spiritual needs. Please describe below how we might be of assistance in meeting your child's unique needs. Are there any allergies, or medical concerns?

MEDIA/PHOTOGRAPHY RELEASE: (please circle below)

I do / I do not - give permission for CAML Academy to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote and advertise CAML Academy. Permission defaults to CAML Academy if a choice is not indicated.

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE:

My child, _____, has permission to fully participate in CAML Academy's camp, after-school or weekend activities. I, as parent/legal guardian, do hereby grant the CAML Academy staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless CAML Academy and its agents from liability resulting from an accident. The North Carolina Good Samaritan Law will apply.

I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact secondary contacts listed on the Registration form. If we cannot make an appropriate contact, we will call paramedics.

I understand that CAML Academy and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/ guardian. Enrollment for your child in CAML Academy's summer/track out camp and after school program constitutes your agreement to this waiver.

Signature Parent/Guardian 1

Date

Signature Parent/Guardian 2

Date

Print Name Parent/Guardian 1

Print Name Parent/Guardian 2

CAML Academy does not discriminate on the basis of gender, race, color, creed, family structure, national or ethnic origin, sexual orientation, age, citizenship, military status, and genetic information in admissions, programs, employment, financial assistance, activities, use of facilities, or privileges.

