SUMMER CAMP
PERMISSION FOR MEDICAL TREATMENT

If your child requires immediate medical services such as prescription medications or an emergency evaluation, he/she will be transported to the nearest medical center or hospital emergency unit. Payment for services will be the responsibility of the parent or guardian. To provide these services, the attending physician will require a ***Permission to Treat Statement*** and insurance information. The Summer Camp leader at the event will contact you at the earliest possible time in the event of an emergency.

CAMPER NAME: _____

Family/Child Physician: _____ Phone: _____

Medical center or clinic used: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Parent/Guardian Address: _____

City: _____ State: _____ Zip code: _____

Parent/Guardian Phone Numbers: (all that apply)

Home: _____ Work: _____

Cell phone: _____ Other: _____

Alternate Contact (relative or family friend that we may contact if we can't reach parent/guardian)

Name: _____ Phone: _____

Relationship: _____

Health concerns the camp leaders should be aware of (e.g. allergies to medicine, asthma, etc):
NOTE: Please list physical, emotional, behavioral issues our staff will need to know about. If your child needs special attention or services in a school, she/he will likely have those at camp as well. We will work with parents/guardians to address special needs.

_____

_____

Medications to be administered on trip/event/camp: (Must be supplied in original prescription container with child's name clearly visible on container): _____

I, _____, the parent/guardian of _____ give my permission for emergency transport and medical treatment to be administered to him/her by a physician or other certified emergency personnel.

_____ _____ Permission effective until: _____

Date Parent or Guardian Signature Date

Return to:
Maine Robotics
167 Bennoch Road
Orono, ME 04473

MAINE ROBOTICS RELEASE AGREEMENT

I, _____ (name of participant), hereby grant and authorize Maine Robotics, its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") and to do so without mention of my name. *See Maine Robotics Privacy Policy for additional information.*

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.

Maine Robotics shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.

I hereby release Maine Robotics, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of Maine Robotics, its employees or agents.

I understand that I will be attending a public event and that Maine Robotics shall not be responsibility for the actions, publication, or airing of any written or broadcast media associated with said public event.

This agreement shall be governed and construed according to the laws of the State of Maine.

SIGNATURE OF PARENT OR GUARDIAN **DATE** **PLEASE PRINT NAME**

ADDRESS **PHONE NUMBER**

Return to:
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167 Bennoch Road
Orono, ME 04473