

Wentworth By The Sea Country Club
Camp Wentworth / Seaside Camp 2010
INFORMATION FORM
(One form per camper)

Child's Name: _____ Likes to be called: _____

Address: _____

City, State, Zip: _____

Home Phone #: _____ Child's DOB: _____

Sex: M F

Parent's Names: _____ Member #: _____

Parent **CELL** Phone #(s): _____

If not available, Emergency Contact is: _____

Relationship: _____ Phone #: _____

MY CHILD MAY ONLY BE RELEASED FROM CAMP TO THE FOLLOWING PEOPLE:

Permission to administer medication:

Tylenol

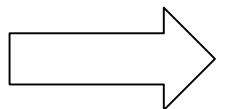
Peroxide

Sunscreen

Bug spray

Signature of Parent

Date



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Does your child have...

Any special needs? _____

Any allergies, special conditions, medications? _____

Any food allergies? _____

Any fears, discomforts, chronic medical issues? _____

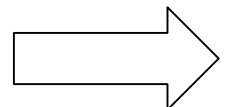
Which sports does your child play regularly?

Is your child:

Right-handed

Left-handed

Are there any activities the child should NOT participate in? _____



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LIABILITY RELEASE FORM

Child's Name: _____

Parent(s) Name: _____

Phone #: _____ Member #: _____

I have voluntarily placed the above-named child in the care of Wentworth By The Sea Country Club employees. I understand that the participation of my child is at my own risk, and that Wentworth By The Sea Country Club is not liable or in any way responsible for personal injury or accidents which may result. I understand that the Camp programs include activities on Wentworth By The Sea Country Club premises. I consent to the treatment of my child for minor injuries by Wentworth By The Sea Country Club employees. I do hereby for myself, my heirs, successors and assigns fully release, remise, acquit and forever discharge Wentworth By The Sea Country Club, as well as its parent corporation, subsidiaries, division partners, independent contractors, landlords, directors, and stockholders of and from any and all claims, actions, causes of actions, suits, demands, rights, damages, costs, loss of service, expenses, and compensation whatsoever, in law of equity, which the undersigned may have as a result of or arising from any claimed occurrence resulting from the attendance of Wentworth By The Sea Country Club's "Camp Wentworth" or from any act, omission, or obligation of the Club or anyone associated or affiliated with Wentworth By The Sea Country Club.

Signature of Parent

Date

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**EMERGENCY MEDICAL INFORMATION**

Name of Family Doctor: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Taking any Medications: \_\_\_\_\_

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**MEDICAL RELEASE FORM**

Child's Name: \_\_\_\_\_

My child, \_\_\_\_\_, a camper at Camp Wentworth, requires medication during the camp day, as prescribed by his/her physician. I authorize the Camp Staff to assist my child in taking this oral medication. I agree that I will not hold liable any member of the Camp, the Club, or any individual of official capacity who is directed by me, the parent, and the Camp Director to assist my child in taking said medication.

\_\_\_\_\_  
**Signature of Parent** **Date**

- ◆ The medication should be delivered to the Camp Director by a parent/guardian.
- ◆ It should be in a container properly labeled (Pharmacy label) with the camper's name, the physician's name, date of original prescription, and name of the medication.
- ◆ The bottom portion of this Medication Release Form must be filled out with the statement from the prescribing physician detailing the administering of the medication.

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PHYSICIAN'S STATEMENT

Patient: _____

Medication: _____

Reason for medication: _____

Dosage/frequency: _____

Method of administering: _____

Signature of Child's Physician **Date**