



Town of Mount Hope

Recreation Department

Chad J. Volpe

Director of Parks, Recreation, Building
and Grounds

1706 Route 211 West

Otisville, NY 10963

845-386-2211

www.townofmounthope.org

Authorization of Medical Treatment/ Release Agreement/ Photo Release

Authorization of Treatment:

I give my permission for (child's name) _____ to take part in the Summer Day Camp Program for the Town of Mount Hope. This child, to the best of my knowledge, is in good physical condition and is capable of participating in camp activities. In the case of an emergency where my child needs medical care and the Town of Mount Hope Recreation Department cannot reach the parent's/guardian or the emergency contacts listed on the registration form, I hereby permission to the Town of Mount Hope to call for emergency medical personnel and to order treatment and if necessary transportation to a hospital. I also give my permission to the physician to secure and administer treatment if necessary once at the hospital.

Name of Child's Pediatrician _____ Office phone # _____.

Is child allergic to any medications (yes or no) List medicines if yes

I can choose not to give medical authorization which means that my child cannot be transported or treated at a hospital until I or my emergency contacts have been reached by phone or in person. **INITIAL HERE ONLY IF I DO NOT AUTHORIZE TREATMENT** _____.

Release Statement:

I understand that the Town of Mount Hope does not provide medical coverage for any injury sustained during this summer camp program and I agree that the Town of Mount Hope and all of its employees will be held harmless for any injury sustained out of or in the course of this summer camp program.

Photo Release:

I hereby give my permission for my child's picture to be used by the Town of Mount Hope Recreation Department for any in house publications/brochures/web site etc. as well as for local media outlets such as newspapers or television stations covering the Summer Camp Programs.

I can choose not to give my permission for my child's photo to be used by initialing here _____.

I have read this entire form and agree that by signing my signature I have agreed to all listed above items unless I initialed the spots not granting permission for medical authorization and for photo release.

Signature of Parent or Guardian _____ Date _____