



# King's Kids Summer Day Camp Enrollment Form-Summer 2023

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**Summer Camp Enrollment Documents:**

1. Completed enrollment form
2. Recent medical and copy of child's immunization records
3. \*\*Individual Health Care Plan for chronic medical conditions completed by physician, or an equivalent physician's form (i.e. asthma action plans, diabetes action plans) with same information as required by EEC.

\*\*An Individual Health Care Plan is required for any child who has been diagnosed with a chronic medical condition, including but not limited to a condition that may require an emergency response or ongoing, long-term administration of health care procedures including- See form for further details



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### ***Camper Information***

Date \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School (Upcoming School Year): \_\_\_\_\_ Grade (Upcoming School Year): \_\_\_\_\_

### ***Parent/Guardian Information***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-Mail \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

### ***Emergency Contacts***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_



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### Medical Records Form

#### *Child's Information*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### *Parent/Guardian Information*

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### *Health and Medical Information*

Child's Physician: \_\_\_\_\_ Medical Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Chronic Health Conditions: \_\_\_\_\_  
Complete Individual Health Care Form

Medication needed during Summer Camp Hours: \_\_\_\_\_  
Complete Individual Health Care Form

Insurance Company and Policy Number: \_\_\_\_\_

#### ***Authorization for Medical Care (Emergency and Non-Emergency Care)***

*Please check all boxes and sign below. See Parent Handbook for our Health Care Policy.*

- I authorize MLKFS staff who are CPR/First Aid Certified to administer care to my child when appropriate and necessary.
- I authorize MLK staff to apply Sunscreen to my child, as needed, during outdoor activities.
- I authorize trained MLK Staff to administer my child's medication during Summer Program Hours as prescribed by my child's Physician. (If applicable)
- I authorize MLK Staff to contact my child's Physician, for care instructions in the event of a medical non-emergency.
- I authorize MLKFS staff to transport my child to \_\_\_\_\_  
(Hospital/Emergency Care Facility)



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### Parent Service Agreement and Notification

I understand that the Martin Luther King Jr. Family Services, Inc. is a multifaceted non-profit organization that partners with numerous organizations for various reasons. I understand that I and/or my child may be exposed to services and programs that are in alignment with the agency's mission and vision statements. Some of our Summer Partnerships are explained below.

I understand that the King's Kids Summer Day Camp Program partners with local colleges and universities for student interns in the field of Social Work and Psychology. I understand that my child may be a part of confidential assessments. I understand that student interns may engage with my child to assess and deescalate behavioral challenges.

I understand more information on partnerships is in the Summer Parent Handbook. I also understand that I will be notified of any additional partnerships and what their role will be with my child during the Summer Day Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Media Release

*Please Check which applies*

- My child has permission to appear in media coverage, fundraising, and event photo sessions while participating in the MLKFS King's Kids Summer Day Camp.
- My child does not have permission to appear in media coverage, fundraising, and event photo sessions while participating in the MLKFS King's Kids Summer Day Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Field Trips and Off-Site Activities

I give permission for my child to participate in all the regularly scheduled activities, off site, local, and out of town field trips. I understand that I will receive a specific field trip permission form which must be signed and returned for any field trip which requires prior parental authorization and or fees. The program will provide in writing a list of scheduled activities and field trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Parent/Guardian Travel Information

- I **will not** be traveling during the Summer Camp Session when my child will be attending the King's Kids Day Camp.
- I **will be** traveling during the Summer Camp Session when my child will be attending the King's Kids Day Camp.

I will be traveling to: \_\_\_\_\_ I can be reached at: (\_\_\_\_\_) \_\_\_\_\_

My travel dates are : \_\_\_\_\_

My child will be left in the care of:

Temporary Caregiver Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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## **Release of Liability Please read before signing**

In consideration of being allowed to participate in any way in the Martin Luther King Jr. King's Family Services, Inc. or MLK Charter Children After-School Program or Summer Camp program, its related events and activities,

I, \_\_\_\_\_, the undersigned, acknowledge, appreciate and agree that: The risk of injury from the activities involved in this program does exist, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and,

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and,
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Agency immediately, and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin. HEREBY RELEASE INDEMNITY, AND HOLD HARMLESS THE MARTIN LUTHER KING JR. FAMILY SERVICES, INC. their officers, officials, agents, and / or employees, other participants, sponsoring agencies, sponsors, advertisers, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

This is to certify that I as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnity and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_