



**2016 Summer Camp  
Camper Information for KIDS ON STAGE**

**Please complete and return these forms by June 15.  
All forms must be completed and received prior to your camper's first day of camp.**

- Camper Information**
- Health Information**
- Waiver, Release and Assumption of Risk**
- Medication Authorization (Optional)**

**Stage Door Conservatory 2016 Summer Camp**  
**General Information**

**Emergency Contact Information for** \_\_\_\_\_  
Camper's Name

**This information will be used for Emergency & Pick Up purposes after the parents/guardians:**

**Next Contact:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Next Contact:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Next Contact:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Next Contact:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Next Contact:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Sign In/Pick up**

Your child must be signed in and out of camp each day. You will be allowed a 10-minute grace period at the end of each camp day. At 4:10, a late fee of a \$1 per minute will be charged until your child is picked up.

\_\_\_ My child will be picked up each day by one of the people listed above. I understand photo IDs will be checked.

\_\_\_ My child has my permission to leave on his/her own & is allowed to sign him/herself in & out.

\_\_\_ I understand the pick up and late fee policy.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Stage Door Conservatory 2016 Summer Camp**  
**Health Information**

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**MEDICAL INSURANCE**

Physician's Name: \_\_\_\_\_

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

Health Insurance Provider: \_\_\_\_\_

Camper's Medical Subscriber #: \_\_\_\_\_ Group#: \_\_\_\_\_

Tell us about your camper:

Allergies/drug sensitivities? \_\_\_\_\_

Medical conditions? (i.e., asthma) \_\_\_\_\_

Special needs your camper has or any instructions you may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We want your child to succeed and have fun, so any information is appreciated.

I do hereby consent to any examinations, x-rays, medications, anesthesia, and surgical treatment that may be required to maintain the health and well-being of my child if they are recommended by either (1) the attending physicians overseeing my child's care or (2) one or more of those physicians I have named in this Health Form. It is understood that this consent is given in advance of any accident or illness that may require diagnosis and treatment, but is given to encourage physicians to use their best judgment and to proceed immediately with any necessary treatment. This authorization for diagnosis and treatment is valid only in the event that I cannot make medical decisions on my child's behalf and shall remain in effect until revoked in writing.

In case of a medical emergency, I give my permission and authorize STAGE DOOR CONSERVATORY personnel to transport or arrange ambulance transportation to the nearest emergency facility (ALTA BATES HOSPITAL). I agree to assume any and all risk of accident or injury that my child may sustain from whatever cause in connection with his or her participation in STAGE DOOR CONSERVATORY's day camp. I further agree to hold Stage Door Conservatory, its employees, agents and Board of Directors harmless should any accident or injury occur to my child. I understand that no medical insurance is provided by STAGE DOOR CONSERVATORY itself.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Stage Door Conservatory 2016 Summer Camp**  
**Medication Authorization Form**

**Please complete this form if your child will be bringing medication to camp.**

**Medication Arrangement**

**If it is necessary for your child to receive any medication, prescription or over the counter while at camp please note:**

**We cannot administer medications to your child without official documented permission.**

**You or the child's physician must provide clear instructions regarding the use of prescription medications on the form we have provided below.**

**All medication, prescription or over-the-counter, including inhalers, must be packaged in the original containers and labeled correctly.**

**Medications will not be dispensed without expiration dates.**

**All children on prescription medication will be instructed on the first day of camp about the schedule for dispensing medications. Our Camp Director or her designee will be responsible for administering medications.**

**No camper is permitted to have use any medications, (prescription or over-the-counter) including vitamins, ointments or lotions of any kind (excluding insect repellents and sunscreen) without the permission of the Camp Director.**

I, \_\_\_\_\_ authorize the administration of medication listed in this form to (CHILD'S NAME) \_\_\_\_\_

by the Camp Director or a designated staff member.

Medication \_\_\_\_\_ Time/Frequency \_\_\_\_\_ Dosage \_\_\_\_\_

Method of Administration \_\_\_\_\_

Special Instruction \_\_\_\_\_

Side Effects to watch for and what to do \_\_\_\_\_

Stop medication if: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Stage Door Conservatory, 1442 A Walnut #477 Berkeley, CA 94709

Questions? Email: [stagedoorconservatory@yahoo.com](mailto:stagedoorconservatory@yahoo.com) Phone: 510 859-7604

# Stage Door Conservatory 2016 Summer Camp

## Waiver, Release and Assumption of Risk

### Photo Release

I give my permission for my child to be photographed as a part of his/her participation in this summer's STAGE DOOR CONSERVATORY programs. I understand that his/her photograph will only be used to promote the activities of his/her particular camp, or to portray him/her in cast presentation materials for the play he/she will be in. I also understand his/her photograph may be used in STAGE DOOR CONSERVATORY'S web-site and may be also used in future ads for STAGE DOOR CONSERVATORY.

### 2) Indemnification and Release

I, \_\_\_\_\_, hereby release and forever discharge STAGE DOOR CONSERVATORY  
Parent/Guardian's Name

and its respective officers, employees, and agents from and against all claims, actions, costs, damages and expenses with respect to damage and/or bodily injury to my child as a result of his or her participation in KIDS ON STAGE or BACKSTAGE sponsored by STAGE DOOR CONSERVATORY.

Furthermore, I understand that STAGE DOOR CONSERVATORY has a violence-free policy to ensure the safety of all participants.

Any behavioral misconduct will result in immediate removal from this program, with no money refunded.

Having read and understood the indemnification and release form in its entirety, I declare that I hereby agree to be bound by all the terms and conditions. Understanding the terms and conditions of this indemnification and release, I give my consent for \_\_\_\_\_ to participate.

Camper's Name

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
STAGE DOOR CONSERVATORY Staff

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