



Drakes Island Day Camp Summer Camp Emergency Form, Field Trip Activity/Participation Form & Medical/Liability Release

I, _____ the Parent or Guardian of _____ whose Date of Birth is _____ / _____ / _____ (*print neatly*), a participant or attendee in the Drakes Island Improvement Association (DIIA) Day Camp or activities, (child must already be 4 to 7 years old to attend Little Kids Camp) agrees that:

1. The above named child has my permission to participate in all field trips or day camp activities during the summer, as approved by the Executive Director.
2. I agree to release the Drakes Island Improvement Association and its representatives, officers, board members, Directors, agents, and employees (hereinafter all collectively "Releasees") from any claim for injury, illness or damages of any kind resulting from my child's participation in any activities, including without limitation field trip activities or day camp or night camp activities, any activity at the Community House, or at a tennis match.
3. I understand the nature of the field trips and activities of the Drakes Island Improvement Association and give my permission for my child's participation.
4. I give permission for my child to travel in a vehicle to activities and understand that other children's parents, licensed individuals, employees or other agents of the DIIA may be driving the vehicles and are considered "Releasees."
5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:
 - a. Physical issues or limitations: _____
 - b. Current Medication(s): _____
 - c. Drug or other Allergies: _____
 - d. Name and Phone No. of Physician: _____
 - e. Name and Phone No. where I may be reached: _____
 - f. The above named child is covered by medical/liability insurance (YES/NO): _____
 - g. As the parent or legal guardian of the above, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT RELEASEES, INCLUDING BUT NOT LIMITED TO THE DRAKE'S ISLAND IMPROVEMENT ASSOCIATION, ITS BOARD MEMBERS, OFFICERS, AGENTS, AND EMPLOYEES ARE RELEASED FROM ALL LIABILITY AS A RESULT OF ANY INJURY, ILLNESS OR DAMAGES FROM MY CHILD'S PARTICIPATION IN ALL THE ABOVE REFERENCED ACTIVITIES. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

Parent or Guardian Signature

Date

As a Witness, the forgoing instrument was acknowledged and signed before me this _____ day of _____ 20____,

I verified the identification of _____ (*print neatly*) by examining their

Driver's license from State or Commonwealth of _____.

Partial Last (4) four digits of their Driver's License: _____

Witness Signature

Date