

Medical Information

Is your child on medication? YES NO

Name of medications _____ Dosage _____

If your child will need medication administered at camp, complete the medical form.

Emergency Information

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Alert (circle all that apply)

- Diabetic Heart Condition Allergic/Bee Sting Allergic/Penicillin
- Asthma Nosebleeds Wheelchair Renal Condition
- Cerebral Palsy Other _____

PLEASE EXPLAIN ANY PERTINENT INFORMATION ABOUT YOUR CHILD NOT COVERED IN THE REGISTRATION FORM THAT WOULD BE IMPORTANT FOR US TO KNOW:

Photo/Video Consent and Release

Be it known that my child, the undersigned participant, do willingly authorize, grant permission and consent for my child's participation, appearance, and actions to be photographed/videoed, edited, post-produced, duplicated, or otherwise published and distributed in all forms of media, including, but not limited to internet, publications and marketing distribution.

I hereby do confirm the transfer of ownership of my participation including all author's rights, copyrights or other claims I may have to The Educational Service Center of Lorain County, 1885 Lake Ave., Elyria, OH.

I hereby release The Educational Service Center of Lorain County Administrators and personnel employed or contracted by them from any and all liability arising out of my participation or inclusion in publications, productions and programs which may be produced.

I do not expect, nor will I receive financial remuneration, royalties or compensation of any kind for the photos/videos of my appearance or participation. I fully understand that neither I nor my heirs or assigns have any claims whatever concerning my appearance and participation. I affirm that I have read this document and understand fully the implications my voluntary signature represents.

Please check as appropriate:

My child's photograph/video **MAY** be used. My child's photograph/video **MAY NOT** be used.

Parent/Guardian Signature _____ Printed Name _____

