



CEDAR HILL FARMS  
SUMMER PROGRAM



Permission and Emergency Notification

Camper's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

*Liability Waiver: I, as parent or legal guardian, do hereby grant the Cedar Hill Farms staff the right to authorize emergency medical treatment for my child named above in the event that I or my designated representative cannot be reached. I agree to hold harmless Cedar Hill Farms and its agents from liability arising out of an accident situation. The North Carolina Good Samaritan Law will apply.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Information:**

Mother/Guardian: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State/ZIP \_\_\_\_\_ Phone H: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Work: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone H: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Work: \_\_\_\_\_

**Names of relatives or friends** in the event that parents/guardians cannot be reached:

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: H: \_\_\_\_\_

Phone W: \_\_\_\_\_ Other phones/pagers: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone H: \_\_\_\_\_

Phone W: \_\_\_\_\_ Other phones/pagers: \_\_\_\_\_

**Medical Information:**

Family Physician: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Health Ins. Co. : \_\_\_\_\_ Policy #: \_\_\_\_\_ Hospital preference: \_\_\_\_\_

Allergies: (medications, insects, food, etc.)  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Contact lenses? \_\_\_\_\_ Any physical limitations? Yes \_\_\_ No \_\_\_

If so, please describe: \_\_\_\_\_

Current medications: (do not list vitamins/Do include bee sting kits)  
\_\_\_\_\_

Will medication be taken (or need to be given) while your child is in our program? Yes \_\_\_

No. \_\_\_ If yes, please explain. \_\_\_\_\_

**We need this form in our files to complete your child's registration.**