

# LTSummer

at **LONG TRAIL** SCHOOL



1045 Kirby Hollow Rd TEL 802.867.5717  
Dorset VT 05251 FAX 802.867.0147

## LTSummer Health & Emergency Form

Please complete both sides and return by your first day of camp.

Date: \_\_\_\_\_ LTSummer Camp(s) attending: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Does your child have any known asthmatic conditions or allergies to medications, foods, pollens, bee stings, etc.? **No** **Yes**

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Is your child on any medication? **No** **Yes**

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If your child has any disability, limitations, or health problems, please comment and state how the school can be helpful.

### EMERGENCY CONTACT INFORMATION

Primary Contact \_\_\_\_\_ Relation to Camper \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relation to Camper \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

### INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? **No** **Yes**

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier address \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

# PERMISSIONS & WAIVERS

## PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

I agree that I will not hold the Long Trail School liable for any injuries or claims which might arise as a result of the act or omission of some third party during a trip off campus. I agree I will indemnify and hold LTS, its subsidiaries, divisions and affiliated companies, employees, officers and agents harmless from and against all liabilities or claims arising from or relating to damages or injuries to my child as a result of any act or omission of a third party while on a trip off campus.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## PHOTOGRAPHY RELEASE

*Initial One Option Below*

\_\_\_\_\_ Long Trail School/LTSummer has permission to use my child, \_\_\_\_\_'s, photo at Long Trail School as well as in publications, press releases and social media.

\_\_\_\_\_ Long Trail School/LTSummer does **NOT** have permission to use my child's photo.

## TRIP PERMISSION

*Initial One Option Below*

\_\_\_\_\_ I hereby give my child, \_\_\_\_\_, permission to participate in all field trips while enrolled at LTSummer. I understand LTSummer staff will inform me of the location and time of the trip prior to the day of the trip. I assure Long Trail School/LTSummer administration, faculty, and staff that my son/daughter will exhibit exemplary behavior and follow all camp rules. I do herein release Long Trail School/LTSummer and staff from all legal liabilities that might arise during the course of this trip and indemnify, save, and hold harmless Long Trail School.

\_\_\_\_\_ My child does **NOT** have permission to go on any field trips while enrolled at LTSummer.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_