



Summer Program Forms Packet for

# Canoe Camp 2018

***Forms for Your Reference***

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***Forms That Must Be Signed and Returned Seven Days Prior to Trip***

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Medical Form - page 4 (to be completed by parent/guardian)

***Please return completed forms to:***

**Sultana Education Foundation  
c/o Liza Brocker / P.O. Box 524 / Chestertown, MD 21620**

If you have any questions please don't hesitate to contact us at 410-778-5954

## Pick-Up / Drop-Off Information

<b>Program Days:</b>	Monday – Thursday
<b>Drop-Off Time:</b>	9:00 am
<b>Pick-Up Time:</b>	4:00 pm
<b>Pick-Up / Drop-Off Location:</b>	Sultana Education Center, 200 Cross Street, Chestertown

## Suggested Daily Gear List

*Canoe Camp*

***Please arrive each day wearing/with the following items***

- **Bathing Suit**
- **Synthetic Swim Shirt/Surf Shirt** (*important - helps prevent lifejacket chafing!*)
- **Water Shoes** (*Options include Tevas, Keens, Aqua Socks & old sneakers. No flip flops!*)
- **Hat**
- **Sunglasses** (*optional but highly recommended*)
- **Sunscreen** (*please apply before arrival each day!*)
- **Bag Lunch With Child's Name** (*we will store lunches in a dry container*)
- **Re-usable Water bottle** (*pre-filled at home*)
- **Towel**
- **Dry Change of Clothes**
- **Rain Gear** (*as necessary*)

***Gear may be packed in a backpack or small bag.***

***Lifejackets will be provided, but children may bring their own if they prefer.***

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Has the child participated in a Sultana Summer Program previously?  Yes  NoIf yes, which program:  Schooner Sultana 5-day  Schooner Sultana 3-day  5-Day Kayak Trip  Kayak Camp  Canoe Camp

## Permission & General Release

I hereby give permission for (child's name) \_\_\_\_\_ to participate in an educational Summer Program with the Sultana Education Foundation (Sultana). I understand that he/she will be directly involved in a variety of outdoor activities under the direct supervision of Sultana's professionally trained educational staff. In consideration of the Sultana Education Foundation allowing my child to participate in one of its educational Summer Programs, I agree to release and discharge Sultana, its employees and agents from any injuries sustained by my child as a result of his/her participation. I agree to indemnify and hold harmless Sultana, its employees and agents against any liability incurred as a result of such injury or loss. However, I shall have no obligation to indemnify Sultana with respect to any injury or loss resulting from, arising out of, or caused by negligence on the part of Sultana.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent or Guardian (please print) \_\_\_\_\_

## Photo Release

The Sultana Education Foundation regularly posts photos of its programs on its web site and includes them in newsletters and public relations materials. By signing below, you grant permission for Sultana Education Foundation to use any pictures of the applicant for these non-profit purposes. Photos will NOT be made available to any outside organizations.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Day Program Medical Form

To be completed by parent/guardian. Please attach additional information if necessary.

### Contact & Insurance Information

Child Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Date(s) of Trip: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Guardian/Parent #1 \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Guardian/Parent #2 \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_ ID Number \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Child \_\_\_\_\_

### Basic Health History

My child will be bringing medication on his/her trip (please provide details below)

Name of Medication	Dosage	Time/s of Dosage

Does your child have (check all that apply)  ADD/ADHD  Asthma  Diabetes  Heart Condition  Seizures

Does your child have allergies to  Bees  Food  Medication  Other, please describe below

\_\_\_\_\_

\_\_\_\_\_

Does your child have any physical handicaps or limitations? *please describe below or attach separately*

\_\_\_\_\_

Please list any past major illnesses: \_\_\_\_\_

Please list any operations or serious injuries: \_\_\_\_\_

Does the child have a chronic or recurring illness: \_\_\_\_\_

Is there anything else in the child's health history the staff should be aware of? \_\_\_\_\_

### Consent for Medical Treatment

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in Sultana Education Foundation Summer Program activities without need of individual or specialized attention or medical regimen. I agree to notify the Sultana Education Foundation of any changes in my child's physical or mental health between the dates of enrollment and the start of the program. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgement of emergency room or clinical physicians with the understanding that I will be notified as soon as possible.

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

Relationship to child: \_\_\_\_\_

**This Form Must Be Completed and Returned to Sultana Fourteen Days Prior to Trip Departure Date**