

Emergency Contact Information

Name	Home phone	Cell phone	Authorized to pick up?
			yes no
			yes no

Health Care Information

Name of Pediatrician	Town	Phone Number
Insurance Carrier	Policy Number	

Medical Information

Name of Child	any medical conditions?	any medications?	any allergies?

If your child has allergies, asthma, or a medical condition, please contact the nurse at 508.490.8228 regarding an action plan.

Permission to Dispense Over-the-Counter Medications

The following medications may be given to my child:

- | | | |
|------------------------------|----------------------------|-------------------------|
| sunscreen | diphenhydramine (Benadryl) | cough lozenges/drops |
| insect repellent | calamine lotion | antacids (Tums/Mylanta) |
| acetaminophen (Tylenol) | 1% hydrocortisone cream | other _____ |
| ibuprofen (Motrin and Advil) | antibiotic cream/ointment | none of these |

Authorization for Medical and/or Surgical Treatment and for Release of Information

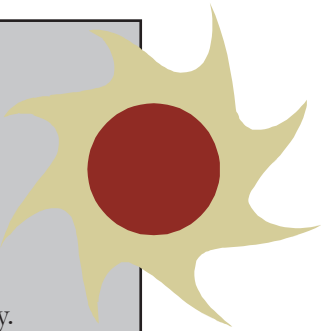
Every effort is made to contact and inform the parents or guardians in case of a medical emergency, serious injury, or surgical illness when immediate surgical intervention is deemed necessary. On isolated occasions the parent or guardian cannot be reached. Accordingly, they are requested to sign the following statement.

In the event of illness or accident involving our/my son/daughter _____, we/I hereby give permission to Fay School, its officials, and the physicians, surgeons, and dentists retained by the School, to secure and furnish medical, dental, or surgical care and treatment for him/her and to give, administer, and render any treatment or aid, including anesthetics or surgery, as is necessary to protect, preserve, and safeguard the life and health of my/our son/daughter. We/I further authorize Fay School, through its Physicians, to release information to facilitate the medical or surgical care of our/my son/daughter, _____, as is necessary for the completion of a claim for health insurance. I give permission to the School nurse to share information relevant to my child's health condition with appropriate School personnel when needed to meet my/our child's health and safety need.

Signature _____ Date _____



Camp Fees		
Session 1	June 21 - July 2	\$800
Session 2	July 5 - July 16	\$800
Session 3	July 19 - July 30	\$800
Session 4	August 2 - August 13	\$800
All Sessions	June 21 - August 13	\$2,880
(10% discount for all sessions)		
*Fay Families receive 10% discount off Session 1 only.		



Application Fee	\$50.00 per child		
		_____ (number of children) x \$50	\$ _____
Camp Deposit	\$100.00 per child per session		
		Camper 1: _____ (number of sessions) x \$100	\$ _____
		Camper 2: _____ (number of sessions) x \$100	\$ _____
		Camper 3: _____ (number of sessions) x \$100	\$ _____
		Total Amount Enclosed	\$ _____

IMPORTANT:

You must submit a copy of your child’s annual physical and Certificate of Immunization before your child’s first day of camp.

Please note:

- Payment in full due on April 10, 2010.
- Any unpaid balances after that date are subject to a \$50 late fee per month or portions thereof.
- Applications received after April 10, 2010 must be accompanied by payment in full including the application fee.
- Application will not be accepted without application fee and space reservation deposit enclosed.
- Deposits may be refunded if notification is received, in writing, on or before March 1, 2010.
- Deposits are non refundable after March 1, 2010.
- Application fee is non refundable.

