

Family's Last Name: _____



East End Kids Academy
177 Weeks Ave, Manorville, NY 11949
Telephone # 631-924-2100 / Fax # 631-924-5627
E-mail Address: cwillets@eastendkidsacademy.com

LEGAL DISCLAIMER for Camp 2023

As parent or guardian of the applicant (camper), I hereby accept the following conditions of enrollment and give permission for my child to participate in the East End Kids Summer Camp Program.

Please initial each part that you agree to and/or have submitted:

_____ I hereby authorize my child to use **the pool** at East End Kids Academy. * ***(Does not apply to Pre-School Campers)**

_____ As parent or guardian of the applicant(s), I give East End Kids Academy the permission to use any **photographs** of my child(ren) taken at the center to be used for East End Kids Academy Newsletters, publicity, and/or advertising.

_____ As stated in the East End Kids Academy's Camp Handbook, the **campers** are **not** permitted to have **cell phones on the premises**. If campers need to call home, they may use the phone at the front desk to contact their parents. If parents need to get a message to their child, they may call the front desk at (631) 924-2100, and we will get the message to your child. Any camper caught with a cell phone; the cell phone will be kept at the front desk to be returned to the parent at pick-up time.

_____ I have read the reverse side of this form and have submitted to East End Kids Academy a current **Medical Statement Form/School Health Examination Form with current immunization record**. (All Medical forms are valid for one (1) year)

Signature of Parent or Guardian: _____ **Date:** _____

Print Name of Camper(s): _____

Required Medical Information

Suffolk County Department of Health requires all children enrolled in camp to submit a complete Medical Statement Form/School Health Examination Form with current immunization record.

Please ✓ all that applies:

_____ My child's current Complete Physical is dated _____*

*All Medical forms are valid for one (1) year, so please keep East End Kids Academy updated with current Medicals.

_____ My child is scheduled for a physical on: _____

_____ Complete Immunizations Record Attached - Immunizations are required for entry into East End Kids Academy. ONLY MEDICAL EXEMPTION is permitted. If your child has an Immunization Plan, please submit a copy of the plan.

Administration of Medication

All parents must advise East End Kids Academy of ANY medications given to a child prior to coming to camp, prescription and/or non-prescription.

Any medications to be administered during the hours of care at the center **MUST** be authorized with a Written Medication Consent Form**, that is signed by the physician and parent.

For more information, please see the Family Handbook

**Written Medication Consent Forms are available upon request at the front desk.

I, _____, agrees to keep all medical information that is required of my child to attend East End Kids Academy's Camp 2023, up to date.

Parent Signature _____ Date: _____