

**Southwick Town Beach, Lake Congamond**

Once each week campers will take a bus at 10:00 AM, from *Summer Escape* at Eli Whitney School to Southwick Beach, located at 14 Beach Road, Southwick, MA. Campers will remain at the beach from approximately 11:00 AM until 2:00 PM and return to camp by 2:45 PM. This is a public beach that will have extra lifeguards on duty to accommodate our numbers. For more information about Southwick Town Beach call 413-569-5701.

I hereby give my permission for (child's name) \_\_\_\_\_ to attend *Summer Escape* trips to Southwick Beach.

Please check each date that you give permission to participate in this beach trip (NO TRIP DURING WEEK #1):

- July 12, 2018     July 19, 2018     July 26, 2018     August 2, 2018     August 9, 2018     August 16, 2018

Print Your Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Date: \_\_\_\_\_

**Enfield Public Library Trips**

Each week campers may have the opportunity to visit the Enfield Public Library, located at 104 Middle Rd., Enfield. Campers will walk with their team leaders to the library from Summer Escape at Eli Whitney School and walk back to Summer Escape camp. Please indicate permission for your child to participate in this field trip:

Signed: \_\_\_\_\_ Print Your Name: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Enfield Twin Rinks**

Campers will visit Twin Rinks Skating Rink, located at One Prior Rd., Enfield, during weeks 2, 3, 4, & 7 for ice skating. No experience is necessary! Campers will take a bus from camp, leaving at 8:30 AM, returning to Summer Escape by 11:30 AM. Your child will attend both days each week skating is offered. Optional activities are offered for campers who do not wish to skate. Please check each week that you give permission to participate in this field trip, sign and date. **SKATERS MUST BRING THEIR OWN BIKE OR HOCKEY HELMET TO SKATE.**

- Wk #2** July 10 and 11     **Wk #3** July 17 and 18     **Wk #4** Jul 24 and 25     **Wk #7** August 14 and 15

Print Your Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Date: \_\_\_\_\_

**Please INITIAL (DO NOT CHECK) each statement:**

- \_\_\_\_\_ I give permission for my child to take part in *Summer Escape* activities.
- \_\_\_\_\_ I will send my child to camp each day wearing sneakers with socks and understand that no sandals, flip-flops or open-toes shoes are allowed.
- \_\_\_\_\_ I give my consent to *Summer Escape* to provide snacks, drinks and meals to my child during camp time. If my child has any food restrictions or allergies, I will explain the allergy on this form below and provide their drinks, snacks and lunch each program day.
- \_\_\_\_\_ If needed, I will provide sunblock/sunscreen for my child and understand that no aerosol sunscreen is allowed.
- \_\_\_\_\_ I give my consent to *Summer Escape* to photograph or video my child during program activities, to be used for educational and public relations purposes. You may opt out by writing "NO".
- \_\_\_\_\_ I have read the Summer Escape policy Section X, on Discipline & Dismissal, and understand that I may be called to pick up my child immediately if behavior violates this policy. Summer Escape Policies are available at [www.ercinc.org](http://www.ercinc.org) or by calling 860-253-9935

**CHILD'S HEALTH INFORMATION**

Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Does your child take any medicine regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Child's Physician:	Address & Phone:

**All children must have a Connecticut Health Assessment Record (current within one year of start date) on file with ERfC before attending *Summer Escape*. This form is available at [www.ercinc.org](http://www.ercinc.org) or by calling 860-253-9935.**

**CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR CHILD**

In the event that my child develops a medical problem which ERfC personnel feel requires my immediate evaluation, I or those persons whom I have designated as emergency contacts will be contacted. I understand that I will be required to immediately pick-up my child or arrange for my child to be picked up if they develop any of the following: contagious disease, fever over 100°F, vomiting or diarrhea. My child will be moved to an area away from the other children and a staff member will remain with my child at all times until I (or my designated pick-up person) arrive.

In the event that my child has a **medical emergency** while in the care of the ERfC, I understand that the following procedure will be followed:

1. Each Center has at least one First Aid/CPR Certified staff member on duty at all times. The staff, after determining that a medical emergency exists, will call 911. If necessary, staff will perform CPR and/or other first aid measures until Emergency Medical Technicians (EMT) arrive. The necessity of transportation to a hospital will be determined by the EMT's.
2. Every effort will be made to contact you before the child is taken to the nearest hospital. If a parent cannot be reached, staff will contact an "emergency contact" that the family has provided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that all information supplied here is, to the best of my knowledge, accurate and timely. I understand that any changes to this information up to and during the time my child attends Summer Escape will be given to the ERfC administrative office at 119B Post Road, Enfield, CT 06082, 860-253-9935 or through email at [MyChild@erc.us](mailto:MyChild@erc.us).