

**SUMMER ESCAPE ENROLLMENT PERMISSIONS**

**PRINT CHILD'S NAME:**

***Southwick Town Beach, Lake Congamond and Brainerd Park***

Each Thursday campers will take a bus at 9:00 AM from *Summer Escape* at Prudence Crandall to Southwick Beach, located at 14 Beach Road, Southwick, MA for swimming and beach games. Campers will remain at the beach from approximately 10:00 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. In the event that the beach is closed, campers *MAY* walk from Summer Escape at Prudence Crandall to Brainerd Park for outdoor activities. Cohorts will go to the park in shifts throughout the day.

Each Friday, cohorts will walk to Brainerd Park in shifts throughout the day for water games.

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

Please check each date that you give permission to participate in this beach or park trip :

- July 1/2     July 8/9     July 15/16     July 22/23     July 29/30     August 5/6     August 12/13

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Enfield Twin Rinks***

Campers will visit Twin Rinks Skating Rink, located at One Prior Rd., Enfield, during weeks 1, 2, 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 #1** June 29 and 30     **Wk #2** July 6 and 7     **Wk #4** Jul 20 and 21     **Wk #7** August 10

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 including field games, swimming at Lake Congamond; group hiking and Splash Pad at Forest Park, use of all play ground equipment. Exceptions are: \_\_\_\_\_
- \_\_\_\_\_ 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. OPT OUT BY WRITING "NO".
- \_\_\_\_\_ I have read and understand the policies in the Summer Escape Parent Handbook, and ERfC staff have reviewed with me Section VI on Discipline & Dismissal. I understand that I may be called to pick up my child immediately if behavior violates this policy. The Summer Escape Parent Handbook is available at [www.ercinc.org](http://www.ercinc.org) or by calling the registrar at 860-253-9935.

**CHILD'S HEALTH INFORMATION**

Does your child have any allergies?  Yes  No      Explain: \_\_\_\_\_

Does your child take any medicine regularly?  Yes  No      Explain: \_\_\_\_\_

Please include any other information that will help us best support and ensure your child's success in the program:

\_\_\_\_\_

\_\_\_\_\_

***All children must have a Connecticut Health Assessment Record (current within two years 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. All ERfC Summer Escape staff are First Aid/CPR Certified. 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 174 South Rd. Suite 200, Enfield, CT 06082, 860-253-9935 or through email at [MyChild@ercf.us](mailto:MyChild@ercf.us).