

Application and Medical Release Information
“Summer Thyme Kids Camps 2019”

Child’s Name _____ Gender (M F) _____ DOB _____
_____/_____/_____ Grade _____
Mother’s Name _____ Father’s Name _____

Child’s Home Mailing Address _____

City/State/Zip _____
Child’s Home Phone _____ Parent Cell # _____ Parent Work # _____
Parent’s Email _____
Address _____

Name of Child’s School _____

How did you learn about our camps?

Please list any food/substance allergies and any known medical conditions that your child may have:

Please advise us of any medications that your child is taking that may cause disorientation, loss of balance, perceptual difficulties, etc.

1. In case of injury or illness, I agree that Wild Thyme will first try to reach me by telephone. If a parent, or guardian/emergency contact person in an emergency, is unavailable, then I give permission for my child to be treated by the Lexington Fayette Emergency Medical Squad (911). If the injury is not serious enough for my child to warrant a call to 911, but does require immediate medical attention and a parent or emergency contact person cannot be reached, I give permission for a staff member of Wild Thyme to transport my child to the nearest hospital. I agree to assume responsibility for all medical costs.
2. I understand that I must write and sign a note and provide it to the owner of Wild Thyme anytime my child is to leave with anyone other than those authorized herein.
3. In addition to the parent, persons listed below may be contacted in case of emergency and are authorized to pick up my child. Persons other than parents must show a photo ID when picking up your child.
4. I do hereby release, acquit and discharge Wild Thyme and its instructors from any and all claims and demands, costs, loss of service, expenses and compensation, on account of or in any way occurring out of personal injuries suffered by my child being escorted from Wild Thyme to another business as a field trip and injuries and damages resulting from my child’s participation in art, cooking and play-related activities.

I consent to the use of video recordings and photography of my child’s participation in any of the classes and activities taken at Wild Thyme of Lexington.

Emergency Contacts and Pick Up Authorization

	<u>Name</u>	<u>Relationship to Student</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I have read, understand, and agree to the terms & conditions of this enrollment for my child(ren).

Parent/Guardian Signature _____ Date _____