SUMMER CAMP PERMISSION FOR MEDICAL TREATMENT

If your child requires immediate medical services such as prescription medications or an emergency evaluation, he/she will be transported to the nearest medical center or hospital emergency unit. Payment for services will be the responsibility of the parent or guardian. To provide these services, the attending physician will require *Permission to Treat Statement* and insurance information. The Summer Camp leader at the event will contact you at the earliest possible time in the event of an emergency.

CAMPER NAME:	
Family/Child Physician:	Phone:
Medical center or clinic used:	
Insurance Company:	
Policy Number:	Group Number:
Parent/Guardian Address:	
City: State	: Zip code:
Parent/Guardian Phone Numbers: (all that a	apply)
Home:	Work:
Cell phone:	Other:
Alternate Contact (relative or family friend	that we may contact if we can't reach parent/guardian)
Name:	Phone:
Relationship:	
NOTE: Please list physical, emotional, behavioral	e aware of (e.g. allergies to medicine, asthma, etc): ssues our staff will need to know about. If your child needs special attention needs at camp as well. We will work with parents/guardians to address
	nt/camp: (Must be supplied in original prescription container with
	guardian of give my permission for to be administered to him/her by a physician or other certified
	Permission effective until:
Date Parent or Guardian S	
D	
Return to: Maine Robotics 30 Main Street, #1	

Orono, ME 04473

MAINE ROBOTICS RELEASE AGREEMENT

I, ______ (name of participant), hereby grant and authorize Maine Robotics, its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") and to do so without mention of my name. *See Maine Robotics Privacy Policy for additional information*.

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.

Maine Robotics shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.

I hereby release Maine Robotics, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of Maine Robotics, its employees or agents.

I understand that I will be attending a public event and that Maine Robotics shall not be responsibility for the actions, publication, or airing of any written or broadcast media associated with said public event.

This agreement shall be governed and construed according to the laws of the State of Maine.

ADDRESS

Return to: Maine Robotics 30 Main Street, #1 Orono, ME 04473

PLEASE PRINT NAME

PHONE NUMBER

DATE