



# U.S. Chess Center Emergency Care Information & Permission Slip

In the event of an emergency, our first concern is for the child, and we will call 911. We will make every reasonable effort to contact a parent/guardian or a designated emergency contact.

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Complete address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

School attending in Sept. \_\_\_\_\_ Entering Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check here if you do **not** want your child's contact information shared with other campers.

## PARENT INFORMATION

Father: \_\_\_\_\_ Phone: w(\_\_\_\_) \_\_\_\_\_ h(\_\_\_\_) \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: w(\_\_\_\_) \_\_\_\_\_ h(\_\_\_\_) \_\_\_\_\_

LIST ANOTHER PERSON WE SHOULD CALL IN AN EMERGENCY IF THE ABOVE CANNOT BE REACHED.

1. \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Who will pick up the student at the end of the day? Are there any special instructions with respect to pick-up?

\_\_\_\_\_

## MEDICAL AND INSURANCE INFORMATION

\_\_\_\_\_ Name of Health Insurance Company \_\_\_\_\_ Name of Student's Doctor \_\_\_\_\_

\_\_\_\_\_ Policy/Group/Employee Number \_\_\_\_\_ HMO Number, if applicable \_\_\_\_\_ Telephone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications and dosages \_\_\_\_\_

Relevant information we should have: \_\_\_\_\_

\_\_\_\_\_

I give my permission for my child to attend the chess camp organized and run by the U.S. Chess Center, and waive any right to claim against the U.S. Chess Center for any accident not directly due to the gross negligence or willful act of any agent of the U.S. Chess Center. I also allow the U.S. Chess Center to use my child's likeness in the form of photos or videos for non-commercial purposes including promotional materials. The staff of the U.S. Chess Center has my permission, in an emergency, to take my child to the emergency room of the nearest hospital, and the hospital and their medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Signature parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_