



PLEASE RETURN BY APRIL 1st TO:
WINTER (September 1 - May 15)
3 New King Street, White Plains, NY 10604
p: 914-437-7200 f: 914-422-3635

SUMMER (May 16 - August 31)
700 Churchill Street, Pittsfield, MA 01201
p: 413-447-8900 / 800-494-6238
f: 413-447-8905

PERMISSION TO TREAT FORM 2012

To be completed by parents for **ALL** campers. One per camper.

Please return this form by **April 1st**.

Camper's Name _____

First, Last (Please Print)

Please read the following statement carefully before signing below.

The camper named above has permission to engage in all camp activities except as noted by me and/or an examining physician.

I understand that part of the camp experience involves activities and group living arrangements and interactions that come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and I have instructed my child on the importance of abiding by the Camp Winadu's rules.

It is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the camper named above, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

It is my intention that Camp Winadu be treated as acting "in loco parentis." I give permission to Camp Winadu to provide, seek, and consent to routine health care, administration of over the counter medications, administration of prescribed medications, and emergency treatment for my child, including, but not limited to x-rays, routine tests and treatment. I also give permission for the camp to arrange related transportation. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization.

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. This signed form may be photocopied for trips out of camp.

Parent Signature _____ **Date** _____