

If parent or guardian is not available, please call relative listed below:

_____ Name of relative (please print)	_____ Relationship	_____ Phone contact
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YOUR INSURANCE CARRIER: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

Additional comments regarding medical history, allergies, bee sting, food, penicillin or drug reactions, etc., which may be needed in any treatment:

List medication being taken \_\_\_\_\_

List any allergies and reaction \_\_\_\_\_

List any dietary needs \_\_\_\_\_

Please indicate if your child is allowed to swim during their stay at Camp Erdman. Certified lifeguards will be provided by NHCO.

\_\_\_\_\_ Yes, my child has permission to swim.

\_\_\_\_\_ No, my child does not have my permission to swim.

T shirt Size \_\_\_\_\_

### New Hope Central Oahu Media Release Form

I hereby give New Hope Central Oahu my permission to photograph, videotape or otherwise record my child's name, voice and/or person. I understand that these recordings of my child will only be used on a continuing basis for noncommercial, promotional purposes, which may include open-circuit broadcast, closed-circuit and/or cable television transmission within or outside the State of Hawai'i.

I understand that there will be no financial or other compensation for recording my child, either from initial or later transmission or playback. I also understand that New Hope Central Oahu is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury received as a result.

New hope Central Oahu may also use my child's name, likeness and/or bibliographical identification for publicizing and promoting the use of these recordings.

Signature indicates all above information is accurate.

Print Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_