

*Buckley Country Day Camp*  
2 I.U. Willets Road, Roslyn, NY 11576  
Phone (516) 365-7760 ☘ Fax (516) 869-0964

**Emergency Release Form**

The undersigned being the parent/guardian of the camper(s) listed below on this form, releases and discharges Buckley Country Day Camp, including but not limited to, its staff, counselors, directors, and employees, as well as the Buckley Country Day School, including but not limited to its staff, employees, and related entities from any claim which the said child(ren) or undersigned may have, individually and/or as parent/guardian of our child(ren), as well as any action that our child(ren) may have against the aforesaid parties, except for negligence resulting from any act or action, damage and/or injury that may befall our child(ren) as a result of his/her being a camper at Buckley Country Day Camp and engaging in any type of activity resulting in the injury or damage to our child(ren).

The undersigned consents that his/her child(ren) may participate in all camp activities on or off the premises, and the undersigned releases the aforesaid parties from any and all claims that may arise as a result thereof. The undersigned understands that certain risks and dangers may be involved in the conduct of activities at the Buckley Country Day Camp and holds harmless the aforesaid parties from any claims.

The undersigned, who is one of the parents having legal custody, or the legal guardian of the camper(s) named below, a minor, hereby authorizes the adult chaperone or other personnel of the Buckley Country Day Camp into whose care said minor has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment and hospital care to be rendered to said minor under the general or special supervision and on the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray, examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

**In the event that I cannot be reached at the numbers listed below, I hereby give my permission to Buckley Country Day Camp to hospitalize, secure proper treatment for, to order injection, anesthesia, or surgery for my child(ren) named below.**

Child(ren)'s Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian's Home Telephone #: \_\_\_\_\_

Parent/Guardian's Work Telephone #: \_\_\_\_\_

**"NEED TO KNOW" INFO. ABOUT MY CHILD**

Please provide any personal information you feel would help us in regards to your child's adjustment to camp (emotional, environmental, and social). Use the back of this form if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if you listed more information on the back.