

***The Stillwater School
Outdoor/Wilderness Camp
Application
July 24-28, 2017***

Child's Name: _____ Age: _____

Address: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

Please list any persons other than yourselves who are authorized to pick up your child:

Please notify us when regular pick-up methods will vary.

IN CASE OF EMERGENCY, whom should we call if you cannot be reached?

Name/Relationship: _____

Home Phone: _____ Cell Phone: _____

Can emergency care be provided for your child if no one can be reached?

☐ **Yes**
S

☐ **No**

"I hereby give consent, in the event of a medical emergency where I cannot be contacted, for camp staff to obtain whatever treatment may be deemed necessary for my child from a physician in any hospital emergency department."

Parent/Guardian Signature _____ Date _____

Known Allergies: _____

Known Medical Problems: _____

Medications Taken Regularly: _____

Program Costs:

\$240 / Week

10% sibling discount available.

Please enclose a nonrefundable deposit of \$50 per family. The balance of payment is due on the first day of camp.

Please make checks payable to Stillwater School.

Checks and applications can be mailed to:

The Stillwater School

28 Mansion Road

Hollis, ME 04042

