

2019 CAMP PA-QUA-TUCK RELEASE FORMS:

A Residential Camp for the Handicapped Children of Long Island

Moriches Rotary Health Camp Inc
P.O. Box 677
Center Moriches, NY 11934

2019 Camper Photo and Video Release:

The undersigned, being the parent/guardian for _____,
a minor using the facilities of Camp Pa-Qua-Tuck, a camp for handicapped children, do hereby consent to the taking of photographs or video by or on behalf of the Moriches Rotary Health Camp Inc., owner of said Camp, and to use such photographs or videos by the Moriches Rotary Health Camp Inc., in furthering the programs of Camp Pa-Qua-tuck through the solicitation of funds and otherwise.

2019 Emergency Medical Release:

I, the undersigned, parent/guardian of _____,
hereby authorize the Moriches Rotary Health Camp Inc., to arrange for any emergency medical treatment which may be required to the above while he/she is in attendance at Camp Pa-Qua-Tuck. It should be noted that the above consent will only be used when the parent/guardian cannot be reached.

In case of an emergency, you are asked to furnish the following insurance information:

Insurance Company _____

Address _____

Phone # _____

Type Coverage _____ ID# _____

Please attach photocopy of Insurance Card or Medicaid Card ... Thank You.

2019 Swimming and Boating Release:

I, the undersigned, Parent/guardian of _____,
a camper at the Moriches Rotary Health Camp Inc., give my permission for the above to participate in swimming activities as well as waterfront and boating activities during his/her attendance at Camp Pa-Qua-Tuck.

Parent/Guardian Signature

Relationship

Date