

Old Westbury Gardens

Summer Session Participant Emergency Information Form 2025

(Form must be completed in full – one form per child)

Participant name: _____ **Date of birth:** _____ **Entering grade in 9/25** ____

Pick-up Authorization (Please list all of the people who are authorized to pick-up your participant from the summer session, including caregivers):

Caregiver's cell phone _____ **Business phone** _____

Emergency Contacts (please provide us with at least three people to contact in case of an emergency):

<i>Name</i>	<i>Relationship</i>	<i>Daytime Phone</i>
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Medical History and Information

Participant's Primary Physician: _____ **Phone:** _____

Allergies: Please list any medication, food, or environmental allergies your participant has:

Health Issues: Please list any pertinent information for any health problems your participant has including physical, psychiatric, or behavior problems:

Medications: Please list any medication your participant is taking even if it is only administered at home (including dose, reason for taking the medication, and possible side effects):

Will your participant be taking medication on-site? ☐Yes ☐No (If yes, you will be sent a Medication Form to be completed by a physician.)

Emergency Medications: Please list any emergency medications (Epi-pen, inhaler, etc.) that your participant will need to have on-site:

The following topical medication(s) below may be administered to my participant:

☐ Calamine Lotion/Anti-Itch Medication

☐ Neosporin/Antibiotic ointment

☐ Suntan Lotion

☐ DO NOT ADMINISTER ANY OF THE ABOVE

Caregiver Consent

Old Westbury Gardens has my consent for my child/ participant to take part in all programs. I release Old Westbury Gardens and its personnel of any liability related to the administration of the over-the-counter medication listed above, if selected. I hereby authorize the Summer Session staff to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Old Westbury Gardens from any and all liability for any injuries or illnesses incurred while my child is at the summer session. Old Westbury Gardens also has my permission to secure treatment by a local doctor or area hospital in the event of a medical emergency.

I understand Old Westbury Gardens reserves the right to dismiss any participant whose conduct is detrimental to the sessions. No refund will be issued in such an event. No refund will be issued for withdrawal or absence due to illness or family vacation.

As caregiver or guardian of the above named participant, I give my permission for him/her to be photographed while participating in Old Westbury Gardens Summer Sessions. I understand the images may be used for publicity purposes.

☐Yes ☐No

I have read and understand the registration and information forms, and agree to the conditions stated therein.

Name (please print): _____

Signature: _____ Date: _____

Relationship to participant (caregiver/guardian):