

Camp Participant Health Information

Child's Name:

I understand that if my child requires medication (prescription or over-the-counter) during the time that he/she is under The Works supervision, I will provide the medication in the original container with my child's name, the name of the medication, any directions, and/or special precautions.

Parent/Guardian Signature:

Has your child had a recent diphtheria-pertussis-tetanus (DPT) or diphtheria-tetanus (DT) immunization? yes no

If yes, when (include month and year)? _____

Is your child known to be allergic (or have had an unusual reaction) to any medicine, insect sting, animal or pet dander, feathers, food or other substance? yes no

If yes, please explain. Include special precautions or treatment.

Does your child receive any regular medicines (prescriptions or over the counter)? yes no
If yes, please list.

Does your child have any health problems or physical limitations that might restrict his or her activity at camp, such as asthma, diabetes, hearing or vision losses, convulsive seizures, etc? yes no

If yes, please explain.

Is there any other health related information you would like us to know about your child, or anything that we should keep in mind during the program that would help us to better the experience for your child?

Pick Up Permission

The following people are authorized to pick up my child, _____
at The Works:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

If the participant will be picked up by anyone other than the above stated parties, he or she must bring a written note from his or her parent stating with whom he or she will be leaving. This person should be prepared to present identification before the child will be permitted to leave The Works in their care.

Parent/Guardian Signature: _____

Date: _____

Camp Authorization and Consent for Medical Care

Child's Name _____

Birth date:

If, in the opinion of The Works, immediate medical attention is necessary for my child, I do hereby authorize The Works to take such action, as it deems reasonable and appropriate under the circumstances. I do further authorize and consent to the administration of treatment deemed necessary and appropriate by the responding emergency medical technicians and to such treatment deemed medically appropriate and necessary by licensed physicians or other health care professionals called upon to provide emergency care to my child. In the event of a medical emergency The Works will attempt to promptly notify by telephone one of the following:

EMERGENCY CONTACTS

Name: _____ Relationship:

Telephone: (Home) _____

(Work) _____

(Cell) _____

Name: _____ Relationship:

Telephone: (Home) _____

(Work) _____

(Cell) _____

This form is for my child, who is under the age of 18. This form grants permission to treat my child in an emergency.

() Yes () No [Contact me prior to any treatment.]

Parent/Guardian Name

Parent/Guardian Signature

Release Form

I give my consent to The Works to use my name, voice, verbal statements and portrait or picture (motion or still) for publications, advertising purposes, promotional purposes (including, but not limited to, The Works press releases, circulars, newsletters and other printed materials) or any lawful purpose whatsoever.

Child's Name: _____

Address: _____

Telephone: _____

Parent/Guardian Signature: _____

Date: _____

Camp Release Form

_____ has my permission to participate in all of the Camp activities offered at The Works. I agree to hold The Works free and harmless from damages to property or injury sustained by participation that result from the operation of and participation in this program.

Parent/Guardian Signature: _____

Date: _____