



# Health & Parental/Guardian Informed Consent Form Spring and Summer Camp

Camper Name: \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_\_ Age (a/o 6/1/19): \_\_\_\_\_ Grade in September: \_\_\_\_\_

\*\* Child **MUST BE** 4, and no older than 15, as of 6/1/19.

Please indicate all camps being attended by checking week and circling camp name

- |                          |  |                       |                      |                      |                      |                        |                        |
|--------------------------|--|-----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| <input type="checkbox"/> | April 16 <sup>th</sup>                       | Spring Break          |                      |                      |                      |                        |                        |
| <input type="checkbox"/> | June 24 <sup>th</sup> – 28 <sup>th</sup>     | Courageous Condors    | Soaring Eagles       | Outstanding Owls     | Fabulous Falcons     | Magnificent Mallards   | Shooting Stars         |
| <input type="checkbox"/> | July 1 <sup>st</sup> – 3 <sup>rd</sup>       | Freedom Tykes         | Freedom Junior       | Freedom Senior       | Saalbach Regency     |                        |                        |
| <input type="checkbox"/> | July 8 <sup>th</sup> – 12 <sup>th</sup>      | Puddle Jumpers        | Creek Stompers       | River Rafters        | Swamp Busters        | Wetland Waders         | Tough Mudders          |
| <input type="checkbox"/> | July 15 <sup>th</sup> – 19 <sup>th</sup>     | Incredible Inch Worms | Wonderful Whirligigs | Daring Dragonflies   | Dazzling Damselflies | Crawling Crayfish      | Slithering Salamanders |
| <input type="checkbox"/> | July 22 <sup>nd</sup> – 26 <sup>th</sup>     | Green Guardians       | Tiny Troopers        | Planet Pals          | Myrick Marvels       | Conservation Crusaders | Watershed Warriors     |
| <input type="checkbox"/> | July 29 <sup>th</sup> – Aug. 2 <sup>nd</sup> | Nature Navigators     | Fire Starters        | Happy Hunters        | Fish Trappers        | Shelter Builders       | Eco Rangers            |
| <input type="checkbox"/> | Aug. 5 <sup>th</sup> – 9 <sup>th</sup>       | Path Finders          | Trail Blazers        | Ultimate Adventurers | Fearless Foresters   | Wilderness Experts     |                        |
| <input type="checkbox"/> | Aug. 12 <sup>th</sup> – 15 <sup>th</sup>     | Saalbach              |                      |                      |                      |                        |                        |

Parent/Guardian's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone ( ) - Home Phone ( ) - Work Phone ( ) -

Parent/Guardian's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone ( ) - Home Phone ( ) - Work Phone ( ) -

**Emergency Contacts: (If guardians above cannot be reached)**

1. Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
 Cell Phone ( ) - Home Phone ( ) - Work Phone ( ) -

2. Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
 Cell Phone ( ) - Home Phone ( ) - Work Phone ( ) -

Camper Name: \_\_\_\_\_

**Medical Information:**

Doctor: \_\_\_\_\_ Office Phone ( ) -  
Dentist: \_\_\_\_\_ Office Phone ( ) -  
Insurance Carrier: \_\_\_\_\_ Group / Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

**Consent Given:** If my child needs emergency medical care and no one can be contacted at the above phone numbers, I give my consent for the transportation of my child by ambulance or a Brandywine Red Clay Alliance staff member and for the administration of any treatment deemed necessary by licensed medical personnel.



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Year of last tetanus shot: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Has your child ever experienced food allergies?**  Yes  No

If yes, to what? \_\_\_\_\_

What was the severity of the reaction? \_\_\_\_\_

Is medication required in case of reaction? \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

**Has your child ever been stung by a bee?**  Yes  No

If yes, did s/he have an allergic reaction?  Yes  No

If yes, what was the severity of the reaction? \_\_\_\_\_

Is medication required in case of reaction? \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

**Has your child ever been exposed to poison ivy?**  Yes  No

If yes, did s/he have an allergic reaction?  Yes  No

If yes, what was the severity of the reaction? \_\_\_\_\_

Is medication required in case of reaction? \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

**Does your child have asthma:**  Yes  No

If yes, what type? \_\_\_\_\_

Is medication required? \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

**Does your child have diabetes:**  Yes  No

Is medication required? \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

**Has your child ever had a concussion?**  Yes  No

If yes, when? \_\_\_\_\_

Camper Name: \_\_\_\_\_

Please check any of the following that apply to your child:

- Glasses/Contacts
- Orthodontics
- Hearing/Speech Impairment
- Prosthetics

Does your child have or has ever had:

- ADHD
- Behavioral / Emotional Support At School

Are they currently taking medication for either of the above?  Yes  No

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Please share any triggers and/or coping mechanisms that would enable staff to best care for your child:

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Does your child have any other limitations or medical concerns:  Yes  No

Please describe: \_\_\_\_\_

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*Please Note: All data is confidential and will only be used to alert staff to special circumstances or to determine staffing and alternative teaching methods and materials used.*

***If your child takes any medication, please read the important information in this box***

BRC staff will **not** administer medications of any kind. If your child requires medication during the camp day, please sign it in with their counselor during Monday drop-off. At no time, is your child permitted to carry their own medication. *There are no exceptions.*

At your written request, BRC staff will remind your child when the medication is due. However, the care and administration of the medication remains the sole responsibility of you and your child.

Will Your Child Have An Inhaler At Camp?  Yes  No

Will Your Child Have An Epi Pen At Camp?  Yes  No

If not indicated above, please indicate below any additional medication(s) that your child will bring to camp.

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s) of day: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s) of day: \_\_\_\_\_

I request that my child be reminded to take any medication specified on this form.



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

