



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

Camper Name: _____ Male Female

Birth Date _____ Age (a/o 6/1/20): _____ Grade in September: _____

** Child **MUST BE** 4, and no older than 15, as of 6/1/20.

Please indicate all camps being attended by checking week AND (circling) camp name

- | | | | | | | | | |
|--------------------------|--|-----------------------|----------------------|------------------------|------------------------|------------------------|------------------------|--|
| <input type="checkbox"/> | April 7 th | Spring Break | | | | | | |
| <input type="checkbox"/> | April 8 th | Spring Break | | | | | | |
| <input type="checkbox"/> | June 22 nd – 26 th | Incredible Inch Worms | Wonderful Whirligigs | Daring Dragonflies | Dazzling Damselflies | Crawling Crayfish | Shooting Stars | |
| <input type="checkbox"/> | June 29 th - July 2 nd | Freedom Tykes | Freedom Juniors | Freedom Seniors | Freedom Patriots | Saalbach Regency | | |
| <input type="checkbox"/> | July 6 th – 10 th | Puddle Jumpers | Creek Stompers | River Rafters | Swamp Busters | Wetland Waders | Tough Mudders | |
| <input type="checkbox"/> | July 13 th – 17 th | Friendly Frogs | Migrating Mammals | Tenacious Turtles | Leaping Lizzards | Willfull Walleyes | Birds Of Prey CIT | |
| <input type="checkbox"/> | July 20 th – 24 th | Green Guardians | Tiny Troopers | Planet Pals | Myrick Marvels | Conservation Crusaders | Watershed Warriors | |
| <input type="checkbox"/> | July 27 th – 31 st | Tour Guides | Adventure Outfitters | Fearless Foresters | Noteworthy Naturalists | Outdoor Adventures | Eco Experts | |
| <input type="checkbox"/> | Aug. 3 rd – 7 th | Whispering Willows | Fuzzy Cattails | Variiegated Vegetables | Colassal Conifers | Tempting Toadstools | CIT | |
| <input type="checkbox"/> | Aug. 10 th – 13 th | 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 () -

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:

Does your child have any other limitations or medical concerns (including allergies not mentioned):

- Yes No

Please describe: _____

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

