



## Health & Parental/Guardian Informed Consent Form Summer Camp 2021

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

Male       Female

Birth Date \_\_\_\_\_

Age (a/o 6/1/21): \_\_\_\_\_

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 selecting camp**

- |                          |  |                       |                      |                    |                        |                        |                |     |
|--------------------------|--|-----------------------|----------------------|--------------------|------------------------|------------------------|----------------|-----|
| <input type="checkbox"/> | June 21 <sup>st</sup> – 25 <sup>th</sup>     | Tiny Trekkers         | Hip Hikers           | Peaceful Paddlers  | Kindred Kayakers       |                        |                |     |
| <input type="checkbox"/> | June 28 <sup>th</sup> - July 2 <sup>nd</sup> | Incredible Inch Worms | Wonderful Whirligigs | Daring Dragonflies | Dazzling Damselflies   | Crawling Crayfish      | Shooting Stars |     |
| <input type="checkbox"/> | July 6 <sup>th</sup> – 9 <sup>th</sup>       | Lenni Lenape          | Colonial Colonists   | Prairie Pioneers   | Happy Homesteaders     | Saalbach               |                |     |
| <input type="checkbox"/> | July 12 <sup>th</sup> – 16 <sup>th</sup>     | Puddle Jumpers        | Creek Stompers       | River Rafters      | Swamp Busters          | Wetland Waders         | Tough Mudders  | CIT |
| <input type="checkbox"/> | July 19 <sup>th</sup> – 23 <sup>rd</sup>     | Green Guardians       | Tiny Troopers        | Planet Pals        | Myrick Marvels         | Conservation Crusaders | Kareer Kamp    |     |
| <input type="checkbox"/> | July 26 <sup>th</sup> – 30 <sup>th</sup>     | Friendly Frogs        | Migrating Mammals    | Tenacious Turtles  | Leaping Lizards        | Willful Walleyes       | Birds Of Prey  |     |
| <input type="checkbox"/> | Aug. 2 <sup>nd</sup> – 6 <sup>th</sup>       | Whispering Willows    | Cultivated Cattails  | Feathery Ferns     | Variegated Vegetables  | Saalbach               |                |     |
| <input type="checkbox"/> | Aug. 9 <sup>th</sup> – 13 <sup>th</sup>      | Tour Guides           | Adventure Outfitters | Fearless Foresters | Noteworthy Naturalists | Outdoor Adventurers    | Eco Experts    |     |

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 \_\_\_\_\_

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

**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: \_\_\_\_\_

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

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

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

**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: \_\_\_\_\_

**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: \_\_\_\_\_

***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 takes.

**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**

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

Child's swimming ability:                  Non-swimmer                  Weak                  Fair                  Good                  Excellent

**Who will be picking up your child each day?** No camper will be released to anyone not on this list without written permission from his/her parent or guardian. Please include parent and guardian names.

1. \_\_\_\_\_  
Last Name, First Name

2. \_\_\_\_\_  
Last Name, First Name

3. \_\_\_\_\_  
Last Name, First Name

4. \_\_\_\_\_  
Last Name, First Name

**Consent for Participation:**

I am the parent or guardian of \_\_\_\_\_ and I consent to his/her participation in the summer camp program administered by the Brandywine Red Clay Alliance. This includes, if applicable, all off-site field trips (and associated transportation) that are outlined in the program description. I understand the types of activities that the camp program involves may include risk of physical injury. I understand that the Brandywine Red Clay Alliance cannot safeguard against all such injuries and expressly agree to assume risk of and, to the fullest extent permitted by law, waive and release the Brandywine Red Clay Alliance and its officers, directors, agents and employees from any claim of liability for personal injury and any other loss, damages or injury incurred by my child during the program.

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

\_\_\_\_\_  
Date

**Photo / Video Release:**

I grant permission to Brandywine Red Clay Alliance and its employees the irrevocable and unrestricted right to produce photographs and videos taken of my child for any lawful purpose including publication, promotion, advertising, or historical archive in any manner or in any medium. I hereby release Brandywine Red Clay Alliance and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I waive my right, and my child's right to any and all compensation stemming from the use of these materials.

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

\_\_\_\_\_  
Date

*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.*

<u>PARENT NOTES</u>	<u>OFFICE NOTES</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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