



# Forest Footsteps Halloween Camp REGISTRATION & MEDICAL HISTORY

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex  male  female Home phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

**If parents cannot be reached in an emergency, please contact:**

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

The following information is required to ensure that your child's individual needs are met while attending camp. This information is confidential and will be made available only to those people who are directly responsible for your child's well-being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For your child's safety, **no** child will be allowed to attend without a completed and **signed** Consent Medical Authorization (see below).

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Address \_\_\_\_\_ Phone \_\_\_\_\_

Please check the appropriate boxes below and fill out ANY information that the camp staff should be aware of concerning your child.

- Asthma
- Convulsions
- Diabetes
- Headaches
- Hypoglycemia
- Hyperactivity
- Allergies**
- Pollen/grass
- Dust/mold
- Foods
- Insect bites
- ADD/ADHD
- Bedwetting
- Sleepwalking
- Sleep talking
- Recent injuries
- Other \_\_\_\_\_

Please explain any medical or emotional condition/reaction or other problem(s), including any boxes checked:

List **ALL** medications your child will bring and instructions for administering. Please send the medication in **ORIGINAL** containers:

List any dietary restrictions/allergies and the reactions your child has (i.e., food allergies, lactose intolerance, vegetarian, etc.):

<b>The Forest Footsteps staff has my permission to administer the following over-the-counter medications:</b>						Date of last tetanus shot _____
Cold Medicines	YES	NO	Tylenol	YES	NO	
Benadryl	YES	NO	Tums	YES	NO	

The Forest Footsteps Staff has my permission to use a photographic image of my child for educational and promotional purposes only. I understand that no information will be revealed about my child including their name, city and school. YES NO

\_\_\_\_\_ has my permission to attend Forest Footsteps Halloween Camp. My child is in good health and I accept all financial responsibility for my child's attendance. IN CASE OF MEDICAL EMERGENCY, I hereby authorize the physician selected by camp to secure all proper and required treatment for the student listed. All expenses not covered by Sempervirens Insurance Policy shall be paid by the parent or guardian (pre-existing conditions are not covered; e.g. asthma).

I am granting permission for my child to attend Forest Footsteps Halloween Camp. I agree that if my child is removed from the program for disciplinary reasons it is my responsibility to arrange transportation home.

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

\_\_\_\_\_  
Date