



Ferry Beach Ecology School April Vacation Day Camp Health Information and Release Form

(One form per child please)

Child's Name _____ Age _____ Grade _____

Please answer the following questions about your child. (Use a separate piece of paper if necessary.)

Family Physician _____ Phone _____

Health Insurance Policy Number _____

Date of last Tetanus Booster _____

**Please mail us a copy of your child's immunization record prior to the start of camp.*

1. Please list any medical conditions that would affect your child's ability to participate fully in camp activities.

2. Please describe any allergies (bees/insect, medications, food, etc.) your child has, the reaction that occurs, and treatment administered.

3. Is your child taking any prescribed medications? Please list them below.

Name of Medication	Dosage	Time(s)	Reason for Taking
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will your child be taking any of the above medications while at FBES? Y N

If you want your child to be able to carry and self-administer an epi-pen or inhaler, you and your child's primary care physician must provide written permission. Please let us know if you need a permission form.

4. Are there any other special needs you would like us to know about? (diet, behavioral, accompanied by an aide, etc.)

5. If you are unable to drop off or pick up your child each day, please indicate who has permission to do so. (You can update this during the program if needed.)

**Photos: I give permission to Ferry Beach Ecology School to use my child's photo in publications, on its website, or other presentations to the general public. Y N*

**Statement of Consent: I hereby give permission for my child's participation in any activities during the Ferry Beach Ecology School Garden Day Camp, knowing that there are certain risks involved. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Ferry Beach Ecology School and their agents and employees for any claims arising out of injury to my child. I authorize emergency medical care to my child if I am unable to be reached in an emergency.*

Parent/Guardian Signature _____ Printed Name _____

Date _____