



Parent/Child Summer Camp Child Health Information and Release Form

(One form per child please)

Child's Name _____ Age _____ Grade _____

Attending Adult(s) _____ Relationship to Child _____

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.*

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

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, or carrying an inhaler and/or epi-pen? Please list them below.

<i>Name of Medication</i>	<i>Dosage</i>	<i>Time(s)</i>	<i>Reason for Taking</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will your child be taking any of the above medications while at FBES? Y N
Please circle the medications that you may assist your child with during camp.

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

**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 Parent/Child 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.*

Parent/Guardian Signature _____ Printed Name _____

Date _____



**Parent/Child Summer Camp
Adult Health Information and Release Form**
(One form per attending adult, please)

Parent/Adult Name _____

Child(s) Name _____ **Relationship to Adult** _____

Physician's Name _____ **Phone** _____

Health Insurance Policy Number _____

Date of last Tetanus Booster _____

**Please bring along a copy of your immunization record at the start of camp.*

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

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

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

3. Will you be taking any prescribed medications, or carrying an inhaler and/or epi-pen? Please list them below.

<i>Name of Medication</i>	<i>Dosage</i>	<i>Time(s)</i>	<i>Reason for Taking</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Please circle the medications that you may be taking during camp.

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

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

**Statement of Consent: I hereby give permission for my full participation in any activities during the Ferry Beach Ecology School Parent/Child 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 myself.*

Parent/Guardian Signature _____ Printed Name _____

Date _____