



# 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 \_\_\_\_\_