



## Summer Camp Health History Form 2019

Medical forms and permission agreements **MUST** be submitted one week prior to the start of the registered session with all required signatures. Parent must attach child's current immunization record **AND** recent medical examination completed by a licensed physician within 12 months of program session. Please also attach a front and back copy of your medical insurance card. **\*\*Children will not be able to attend the program until all forms are properly submitted.**

### Student and Parent Information

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male Female  
Child's Name (Last, First) Date of Birth Age / Grade Sex

Parent/Guardian Name 1: \_\_\_\_\_

Phone 1: \_\_\_\_\_ (cell) (home) (work)

Phone 2: \_\_\_\_\_ (cell) (home) (work)

Email: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_

Phone 1: \_\_\_\_\_ (cell) (home) (work)

Phone 2: \_\_\_\_\_ (cell) (home) (work)

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

### Emergency Contact Information

*Please list emergency contacts in the event a parent/guardian cannot be reached*

First Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Second Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## Medical Information

Doctor Name: \_\_\_\_\_

Doctor Phone Number: \_\_\_\_\_

Please list all allergies/special health considerations (foods, insects, plants etc.)

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Is your child currently on any medications (including inhalers)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list medications \_\_\_\_\_

Does the medication need to be taken during program hours? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, written permission from a parent or guardian must accompany the medication, and the medication must be self-administered.*

Please let us know if your child has any physical limitations, or needs so that our staff can provide the best possible experience:

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\_\_\_\_\_

Medical Insurance

\_\_\_\_\_

Policy Number

**\*Please include a copy of your child's immunization records from your doctor, as well the front and back of your insurance card. Thank you!**

## Agreement of Terms

**Emergency Release:** In the event of an emergency, I give my permission for first aid to be administered to my child, and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Expectation/Dismissal:** I grant permission for my child to participate in all activities and have informed the teacher of all limitations to my child's participation. I understand and agree to assume any and all risks associated with the program's activities. I understand that in order to participate in this program, my child must follow the stated behavior expectations and safety rules established by the program staff. Greenburgh Nature Center reserves the right in its sole judgement to dismiss without refund, any child whose behavior interferes with the rights and safety of others or consistently disrupts group dynamics or activities. A child's dismissal will be at the discretion of the Executive Director.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability:** In consideration of your acceptance of myself or that of my child/minor (in my legal custody) for participation in the activities/programs/use of facilities of the Greenburgh Nature Center, I agree that I am aware of the inherent dangers and risk involved in these activities/programs including bodily injury, which may result from strenuous activity or other causes related to the activities/programs. I agree for myself and/or for my child/minor to release and hold harmless the Greenburgh Nature Center its officials, officers, agents, employees and volunteers from any and all liability, damage or claim of any nature arising out of or in any way related to my participation or that of my child/minor in these activities/programs except those things caused by the sole negligence of the town. I understand that the Greenburgh Nature Center does not provide accident or medical insurance and I am financially responsible for any and all medical expenses whatsoever that I or my child/minor may incur. I have read, understood and agree with the terms of this release.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Notice:** During the course of this program your child may be photographed or videotaped by the Greenburgh Nature Center's authorized personnel. Greenburgh Nature Center reserves and shall have all rights to freely reproduce, publish, distribute, and/or display such materials, including your child's image and likeness, in whole or in part, at any time in connection with its present and future promotional and advertising programs, campaigns, initiatives, products, and/or services, whether via media technology now known or hereafter developed, without remuneration or further notice to you, to the fullest extent permitted under applicable law. If you not would like your child to be photographed or videotaped during the course of this program, please contact Megan Bryant at 912-813-1831 in advance of the program.

**To the best of my knowledge, the above information is correct.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Child's Name: \_\_\_\_\_