



HEALTH HISTORY AND EMERGENCY INFORMATION

This form must be returned no later than three (3) weeks prior to the start of your camp for your camper to attend his/her sessions and must be filled in completely and signed by legal parent/guardian of minor.

Camper Information

Child's Full Name _____
Last First Middle

Age (as of June 1, 2023) _____ Birthdate ____/____/____ Gender _____

Address _____
City State Zip

Parent/Guardian Name _____

Preferred Phone _____

Parent/Guardian Name _____

Preferred Phone _____ Business Phone _____

Emergency Contact Name _____
(Please list someone other than parent/guardian; person must be available during camp hours)

Preferred Phone _____ Business Phone _____

Persons authorized to pick up camper _____

Persons **NOT** authorized to pick up camper (attach copy of divorce decree or other appropriate paperwork if named parent is **not** permitted to pick up child) _____

Camper's Physician _____ Phone Number _____

Camper's Dentist _____ Phone Number _____

Health Insurance Company _____ Policy # _____

Health and Medications

Please complete in full

1. Allergies: (check all boxes that apply) bees/other insects pollen foods medications other

If yes, what type of reaction does the camper experience (please also indicate action to be taken and any medication to be administered in case of allergic reaction)? _____

Does the camper require an EpiPen? No Yes If yes, does the camper carry a prescribed EpiPen? No Yes

2. Dietary Restrictions? No Yes If yes, please list restrictions (snacks may need to be sent from home):

3. Please provide a description of any current physical, mental, or psychological conditions or factors requiring medication, treatment, or special restrictions or considerations while at camp: _____

4. Does your child have any special needs or physical limitations? No Yes If yes, please describe any assistance or accommodations required: _____

5. Please list all medications your camper will need to take during camp hours. Examples include inhalers, EpiPen, insulin, or any other treatment for a long term disability or condition (list additional medications on a separate page). Please also include any over-the-counter medications that may be required (acetaminophen, ibuprofen, Benadryl, etc.)

*Medication (complete name)	Dosage to be administered	Time(s) to be administered	Date(s) to be administered	Special Notes
			From: To:	
			From: To:	
			From: To:	
			From: To:	
			From: To:	

6. Use of sunscreen or insect repellent requires parent authorization noting any known adverse reactions to particular brands. By initialing the boxes below, you are giving staff permission to apply the following to your camper:

Sunscreen List adverse reactions (if any): _____
 Insect Repellent List adverse reactions (if any): _____

***Reminder to Parent/Guardian:** Medication must be labeled with camper's name, name of medication, the dosage amount, and the time(s) to be given. Medications must be in their original container with only a one day supply; the prescription label with directions must be attached.

RESTRICTIONS

I have reviewed the camp program and feel the camper can participate without restrictions.
 I have reviewed the camp program and feel the camper can participate with the following restrictions or accommodations. Please describe:

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. Camper has permission to participate in all camp activities except as noted by me/or an examining physician. If I cannot be reached in an emergency, I give permission to Florence County Parks and Recreation to get camper to an emergency room in the most expedient manner possible.

Additionally, I give permission for a physician selected by Florence County Parks and Recreation to hospitalize and secure proper treatment for camper, including but not limited to ordering injections, anesthesia, surgery, x-rays and other tests related to the health of camper. I understand this information on this form will be shared only on a "need to know" basis with camp staff. I give permission to photocopy this form to share with health officials. In addition, Florence County Parks and Recreation has permission to obtain a copy of camper's health record from providers who treat camper and these providers.

Parent/Guardian Signature _____ Date _____

AGREEMENT TO RELEASE ASSUMPTION OF RISK, AGREEMENTS TO HOLD HARMLESS

The undersigned is aware that there are certain risks involved in participating in the Summer Camp Program including, but not limited to, the risk of theft or damage to property and the risk of personal injury from participation in recreation activities. In consideration of my being granted permission to participate in these activities and to use the facilities of the County and/or other activities and services provided by Florence County Parks and Recreation Department, its agents and employees, I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby agree to hold harmless and indemnify the County and all its officers, departments, agencies, and employees from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including court costs and attorney's fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in the Summer Camp Program. I have read and understand this Hold Harmless Agreement and, by my signature, agree to its terms. The Summer Camp Program agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. The parent/guardian authorizes the Summer Camp Program to obtain immediate medical care if an emergency occurs when s/he cannot be reached immediately.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

I hereby give my permission, without restriction, to Florence County and its assignees to photograph or videotape my child during participation in Summer Camp Programs. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for County programs.

Parent/Guardian Signature _____ Date _____

PICK-UP POLICY

Designated individuals are expected to pick up children promptly at the close of the program. An overtime fee of \$1 per minute after 3:30PM will be charged, regardless of the reason for being late. Payment is due at the time of pick-up (cash or card), and a child may not participate again until the late fee has been paid. Repetitive late pick-up or non-payment of late fees may result in suspension of camp privileges with no refund granted. Please sign below acknowledging you received this policy.

Parent/Guardian Signature _____ Date _____