## Camp Earth Connection Medical History and Permission Form & Informed Consent and Relase Form

Please complete one Medical History Form for each child. Make copies as needed for additional children. Sign form and return to Camp Earth Connection, 63 Hammond Hill Rd., Freeville, NY 13068

Child's Name:		Today's Date:		
Date of Birth:	Sex	Grade	School	
Parent/Guardian Name (1)	:	Home Pho	ne:	
Home Address:				
Place of Employment:		Work Phon	e:	
E-mail address:		Cell Phone	9:	
Parent/Guardian Name (2)	:	Home Pho	Home Phone:	
Home Address:				
Place of Employment:		Work Phon	Work Phone:	
E-mail address:		Cell Phone	Cell Phone:	
Doctor's Name:		Phone:		
PERMISSION TO USE PH photographs of your child a you would prefer that we do	at camp for brochures, o not use photographs	program reports, or of your child, please	public relations. If e sign below.	
Earth Connections' brochu				
(Parent/Guardian's Signature)	Only sign if yo	u <b>do not</b> want us to us	se photos of your child.	
The information on this his/her stay at Camp. P				
Date of last Tetanus shot:_		_		
List of any Allergies (food,	drugs, insects, etc.)			
Type of reaction				
Medication taken _				
Medication with chil	d?			

**MEDICATIONS**: List any medication to be taken while attending camp. Unless

otherwise specified, all medication will be kept locked in the camp office and will be self administered by the camper under the supervision of the Medical Director (Camp Director) or his/her designee.

Prescriptions must be in their original containers with daily dispensing instructions listed. For over the counter medication, such as Tylenol, Benadryl, etc. we must have a standard order from your child's physician to be able to allow your child to take it during camp. This order must accompany the child and be kept with the medication in our locked medical supply closet.

Drug	Amount	I ime
Purpose		
	Amount	Time
Purpose		
I hereby give my child permission the camp staff.	to take the above medication unde	er the supervision of
Parent/Guardian's signature	D	ate
Please list other medications (take	en only at home):	
Drug	Amount	Time
Purpose		
Drug	Amount	Time
Purpose		
Immunization Records. Indica	ate dates (month/year) for the	following: (Mandatory)
	Measles	
Rubella	Polio	
Hepatitis B:	Hemophilus Influenza Type B_	
Vericella (Chicken Pox)	(You may attach	a copy of current immun.)
participation or affect the care we	Medical, and Other havioral factors that may affect you provide (include any behavioral coolteachers, such as hyperactivity).	ncerns, which you
Insurance Coverage Information I	nsurance Company:	
Policy #:	Certificate # (if applica	ble):

In the event of an emergency and the paren following persons:	t/guardian can n	ot be reached, contact the			
Name	Phone	Relationship			
Name	Phone	Relationship			
The following people have my permission to pick up my child from camp:					
Name	Phone	Relationship			
Name	Phone	Relationship			
For your child's protection, no other persons without a signed and dated not from a parer the beginning of the camp day. (If protection attach a brief not description the situation.)	nt/guardian delive	ered to the camp director at			
MEDICAL AUTHORIZATION (All campers remust provide proof of insurance coverage the Camp Earth Connection does not assume fix of an injury.	nat will cover any	medical costs in the case of an injury.			
I give permission for to attend and participate in activities at Camp Earth Connection programs the Hammond Hill Camp site. I understand that the camp staff will attempt to contact me immediately in case of illness or injury. If emergency treatment is necessary, I understand my child will be transported the Convenient Care Center or Cayuga Medical Center by ambulance. I give my permission for the attending physician to give emergency treatment, including anesthesia, injections, and x-rays, if necessary.					
Parent/Guardian's Signature		Date			
INFORMED CONSENT RELEASE & EX	(PRESS ASSU	MPTION OF RISK FORM			
I realize that injuries can be a consequence of participating in camp activities and no amount of reasonable supervision or use of the facilities will prevent injury. I appreciate the character of the risk involved and I voluntarily assume on behalf of my child all risk of possible harm or injury in participating in this designated camp activities such as but not limited to: mountain biking, basic carpentry, knife safety and carving, hiking, field games, etc I have carefully considered how the possible consequences of injury may impact my child's life, and I choose to accept this risk and allow my child to participate in camp activities. In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Camp Earth Connection and the employees, officials, or agents of any and all of the foregoing, pursuant to, and pertaining or relating to, or arising from, in any matter, injuries to my child as a result of my child's participation in camp activities. By my signature below, I certify that I completely understand this document. I certify that I am eighteen years of age or older, and I am not under the influence of any drugs or alcohol.					
Signature of Parent or Guardian	D	ate			

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