

Camp Earth Connection
Medical History and Permission Form
& Informed Consent and Release 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 Phone: _____

Home Address: _____

Place of Employment: _____ Work Phone: _____

E-mail address: _____ Cell Phone: _____

Parent/Guardian Name (2): _____ Home Phone: _____

Home Address: _____

Place of Employment: _____ Work Phone: _____

E-mail address: _____ Cell Phone: _____

Doctor's Name: _____ Phone: _____

PERMISSION TO USE PHOTOGRAPHS: At times Earth Connections may wish to use photographs of your child at camp for brochures, program reports, or public relations. If you would prefer that we do not use photographs of your child, please sign below.

I **DO NOT** give my permission for camp photographs taken of my child to be used in Earth Connections' brochures or for Earth Connections' program publicity or reports.

(Parent/Guardian's Signature) Only sign if you **do not** want us to use photos of your child.

The information on this form is necessary for the protection of your child during his/her stay at Camp. Please complete all applicable sections.

Date of last Tetanus shot: _____

List of any Allergies (food, drugs, insects, etc.) _____

Type of reaction _____

Medication taken _____

Medication with child? _____

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 _____ Time _____

Purpose _____

Drug _____ Amount _____ Time _____

Purpose _____

I hereby give my child permission to take the above medication under the supervision of the camp staff.

Parent/Guardian's signature _____ Date _____

Please list other medications (taken only at home):

Drug _____ Amount _____ Time _____

Purpose _____

Drug _____ Amount _____ Time _____

Purpose _____

Immunization Records. Indicate dates (month/year) for the following: (Mandatory)

Diphtheria _____ Measles _____
Rubella _____ Polio _____
Hepatitis B: _____ Hemophilus Influenza Type B _____
Vericella (Chicken Pox) _____ (You may attach a copy of current immun.)

Special Concerns: Behavioral, Medical, and Other

List any physical, emotional or behavioral factors that may affect your child's participation or affect the care we provide (include any behavioral concerns, which you would ordinarily discuss with schoolteachers, such as hyperactivity). Attach separate sheet if needed.

Insurance Coverage Information Insurance Company:

Policy #: _____ Certificate # (if applicable): _____

