

Camp Children's Corner Health Form 2020

Camper's Name _____ Age: _____. Date of Birth: _____

Parent: _____ Phone: _____

Address: _____ City: _____ Zip Code _____

Parent: _____ Phone: _____

Address: _____ City: _____ Zip Code _____

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____ Policy Holder _____

Does your child have:	Yes	No	Does your child have:	Yes	No
Allergies?			Any medications? (please list below)		
Infections or diseases?			Limited physical, social, cognitive and/or behavioral skills?		
Dietary modifications?					

If you answered yes to any of these questions, if you would like to exempt your child from an activity, or if you can provide any information that will help us provide a better camp experience for your child, please explain.

Date of child's most recent immunizations: DTAP: _____ MMR _____ Tetanus _____ Other _____

This health form is valid from June 1, 2020 – August 1, 2020. If there are any changes to this information, please contact us.

Emergency Contacts

Please list people who may be contacted in an emergency.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Authorized Pickup

Please list the people other than legal guardians who are allowed to pick up your child from Children’s Corner. Anyone NOT on this list will not be permitted to pick up your child.

Name: _____ Name: _____

Name: _____ Name: _____

Waiver Statement

I understand this waiver is valid from June 1, 2019- August 1, 2019

I understand that my child might be photographed or videotaped during his/her participation in camp activities and consent to reproduction of such photos or videos electronically, in print, and in social media for advertising and publicity purposes.

The undersigned is the parent or legal guardian of the program participant. The undersigned hereby states that s/he understands the activities that will take place in the program and that the program participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the program participant sustains an injury in the course of the program and CCCNS is unable to contact the appropriate person(s) to obtain consent for treatment, Children’s Corner is authorized to take reasonable steps to obtain appropriate medical treatment. The program participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The undersigned now releases Children’s Corner and its employees from any claims including, but not limited to, personal injuries or damage to property caused by and have any relation to this activity. It is understood that the release applies to any present or future injuries and that it binds the undersigned, undersigned’s spouse, heirs, executors, and administrators.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Signature of legal guardian: _____ Date: _____