

CAMP KINGFISHER SUMMER 2010 Camper Health Form
****** This form is due by May 1st ******

If you register for camp after May 1st, this form is due 2 weeks before your camp session.

Camper's Name: _____

Gender: Male Female

Sessions: (check all sessions you are registered for)

Grades K – 5	<u>TWO WEEK SESSIONS</u>	<u>ONE WEEK SESSIONS</u>	<u>ONE WEEK SESSIONS CONT'D</u>
	__2.1 (June 7-18)	__1 (June 1-4)	__7 (July 12-16)
	__2.2 (July 6-16)	__2 (June 7-11)	__8 (July 19-23)
	__2.3 (June 19-30)	__3 (June 14-18)	__9 (July 26-30)
		__4 (June 21-25)	__10 (Aug. 2-6)
		__5 (June 28-July 2)	__11 (Aug. 9-13)
		__6 (July 6-9)	__12 (Aug. 16-20)

Grades 6 – 9	__1GH / 1T (June 7-18)	__2GH / 2T (June 21-July 2)
	__3GH / 3T (July 6-16)	__4GH / 4T (July 19-30)
	__10 (Aug. 2-6)	__11 (Aug. 9-13) __12 (Aug. 16-20)

After-Care: After-care hours are from 4:15 – 6:15. You will be charged \$1 per minute after 6:15. There is no charge for after-care; we would like to know when you plan on utilizing this service. If your plans change please call. If you are unable to notify us of a change, it is not a problem.

- If you are signed up for after-care and decide to arrive for 4:00 pick up, we will retrieve your child from the after-care activity.
- If you are not signed up for after-care but cannot make it to 4:00 pick up, your child will join the after-care program at 4:15.

Please check which days your camper will attend after-care.

__ Mon. __ Tue. __ Wed. __ Thu. __ Fri.

Parent/Guardian #1

Parent/Guardian #2

Name as it appears on photo ID:

Name as it appears on photo ID:

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Emergency Contact: MUST BE AN ALTERNATE to parents/guardians listed above.

Name as it appears on photo ID: _____

Phone: _____ Alternate Phone: _____

Pick-up: My child may be dropped off or picked up by the following drivers in addition to those listed above.

Name as it appears on photo ID: _____ Name as it appears on photo ID: _____

Phone: _____

Phone: _____

**** PLEASE TURN OVER ****

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Health & Behavior Our purpose in gathering pertinent health & behavioral information is to be able to better serve your child. The more we know about each camper, the better equipped we are to meet their needs. We expect that parents/guardians of children sent to camp have provided us with all the necessary information we need to ensure the success of all campers individually and as part of a group. Personal information is shared only with the camp administrators and your child's group counselors. All staff guard and respect the sensitive nature of this information.

1. Does your child have any allergies Yes No List each allergy and the necessary response to a reaction.

2. Is your child concerned or anxious about their allergy in a camp setting? Yes No
3. Is your child taking any medications? Yes No Please list each medication and its purpose.

4. Every child's behavior is different, especially as they acclimate to a new setting. What can you tell us about your child and how can we help ensure their success at camp? _____

5. When your child is pushing boundaries and/or making poor decisions, what is your best technique for helping them change their behavior? _____

6. When your child is upset and/or sad, what is your best technique for helping them? _____

7. Is there anything going on at home that may affect your child during the camp day (alternate living situation, visiting grandparents, recent loss, etc.) Yes No How can we help ensure their success at camp? _____

8. What is your child's comfort level while swimming? (1 = low, 5 = high) 1 2 3 4 5
9. Is there anything else we should know related to health and behavior concerns? Please attach additional papers if necessary. _____

Camper's Name: _____

Please Check: YES___ NO___ I give the Chattahoochee Nature Center permission to provide my child with first-aid treatment for minor abrasions, minor ailments, insect bites or stings with non-prescription medications such as Motrin™ or Tylenol™. In addition, I give permission for the administration of medications such as Benadryl™ in the event of systematic allergic reactions, if no Epi-pen™ is prescribed.

I give my permission for my child to participate in the Chattahoochee Nature Center's Camp Kingfisher summer 2010 program. I understand that safety precautions will be taken during all activities. In the event that an accident does occur, I will not hold the Chattahoochee Nature Center, its employees, volunteers, or Board of Trustees responsible for any injuries. If emergency treatment or advice is considered necessary by the Chattahoochee Nature Center staff, I understand that the above listed parent(s) or guardian(s) will be notified and be responsible for the cost of necessary medical treatment. If those individuals cannot be reached, I authorize the Chattahoochee Nature Center to arrange whatever emergency treatment is considered necessary. I also hereby grant the Chattahoochee Nature Center the right to take and utilize images of my child participating in camp activities for the purpose of promotion and advertising.

Parent/Guardian Signature: _____