**OKEMOS SPECIAL NEEDS DAY CAMP**

**1826 OSAGE DRIVE, OKEMOS, MI 48864**

**INFORMATION, AUTHORIZATION FOR EMERGENCY MEDICAL CARE,**

**ASSUMPTION OF RISK, ASSUMPTION OF LIABILTY, PHOTO RELEASE**

***Both sides of this form must be completed.***

Child's Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_\_\_ Sex M F

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone H\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_W\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone H\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone H\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In case of emergency and you cannot be reached, who should we call?*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone H\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

What is this person's relationship to your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hospital of Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company and Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any and all allergies (food, medicine, plants, or animals - including bugs) and any needed allergy medications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any and all medical conditions, diabetes, seizures and any other condition of which our camp staff should be aware.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons designated to pick up your child from camp and their relationship to your child.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons **NOT** permitted to pick up your child from camp. If this is a legal restraining order, we must have a copy in our file.

Please assist us by providing a general description of this person if you feel there is any possibility he/she may try to pick up your child

from camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list **all** medications that your child is currently taking:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Medication | Dosage | Time (Morning) | Time (Afternoon) | Time (Evening) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List any medications to be taken with meals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The Okemos Special Needs Day Camp through its administrators and/or staff is authorized to administer medication or to supervise the taking of medication by my child.
* It is understood that the undersigned parent/guardian shall immediately notify the school personnel in writing in the event the prescription shall be discontinued or modified.
* The medication must be brought to school in a container appropriately labeled by a physician or pharmacy. Refills of the prescription shall be the responsibility of the parent/guardian.
	+ - Further, the undersigned shall release and indemnify the school district and its employees from any liability or damage which may result to the student from the administration of said medication as prescribed by the physician. **\_\_\_\_\_\_\_\_\_\_(Initial)**

***Please carefully read the following information. If you do not understand it or have any questions, please call us at (517) 706-5021 or (517) 706-5253.***

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I hereby give my permission for the Okemos Special Needs Day Camp staff to call a doctor/emergency medical service, and for the doctor/emergency medical service to provide emergency or surgical care as needed for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, should an emergency arise. I will accept all of the expenses associated with the emergency and medical care my child may receive. I give permission for medical personnel to discuss my child’s medical condition with the staff of the Special Needs Day Camp.

**\_\_\_\_\_\_\_\_\_\_ (Initial)**

**ASSUMPTION OF RISK**

I understand that the Okemos Special Needs Day Camp makes a conscientious effort to provide a safe environment for all camp participants. Therefore, camp staff will not be held responsible for injuries incurred while my child is participating in the Camp activities. \_\_\_\_\_\_\_\_\_\_ **(Initial)**

**ASSUMPTION OF LIABILITY**

All children participating in our summer camp will need to follow safety rules. These rules are to protect your child as well as other campers and camp property. The listed parents or legal guardians of any child (or children) who do not follow the rules and subsequently endanger themselves, others, or property will be called. The child is to be picked up within an hour of contact. Camp Staff reserve the sole right to determine if a child's behavior is dangerous. Depending on the severity of the problem, your child may not be allowed to return for the rest of the camp session. You will be held financially responsible for all damages or injuries, and no refund will be given. \_\_\_\_\_\_\_\_\_\_ **(Initial)**

**PHOTO RELEASE**

I give the Okemos Special Needs Day Camp personnel, and those associated with the Camp, permission to photograph or videotape my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, while he/she is attending Camp. I understand that these photographs or videos will be used only for camp-related activities or publications. \_\_\_\_\_\_\_\_\_\_ **(Initial)**

I am the parent or legal guardian for (Child's Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have read and fully understand the **Authorization for Emergency Medical Care**, the **Assumption of Risk**, and the **Assumption of Liability** and agree to all terms therein.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_