

OKEMOS SPECIAL NEEDS DAY CAMP

1826 OSAGE DRIVE, OKEMOS, MI 48864

INFORMATION, AUTHORIZATION FOR EMERGENCY MEDICAL CARE, ASSUMPTION OF RISK, ASSUMPTION OF LIABILITY, PHOTO RELEASE

Both sides of this form must be completed.

Camper'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 camper? _____

Camper's Doctor _____ Phone _____ Hospital of Choice _____

Insurance Company and Policy Number _____

Are the camper's immunizations up to date? Yes No If no, explain why _____

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 camper from camp and their relationship to your camper.

Persons **NOT** permitted to pick up your camper 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 camper from camp.

(OVER)

Please list all medications that your camper 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 camper.
- 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 camper, _____, should an emergency arise. I will accept all of the expenses associated with the emergency and medical care my camper may receive. I give permission for medical personnel to discuss my camper’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 camper is participating in the Camp activities. _____ (Initial)

ASSUMPTION OF LIABILITY

All campers participating in our summer camp will need to follow safety rules. These rules are to protect your camper as well as other campers and camp property. The listed parents or legal guardians of any camper who does not follow the rules and subsequently endanger themselves, others, or property will be called. The camper is to be picked up within an hour of contact. Camp Staff reserve the sole right to determine if a camper's behavior is dangerous. Depending on the severity of the problem, your camper 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 camper, _____, 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 (Camper'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 _____