

Camp Health Form

Camper's Name (last, first, middle) _____

Birthdate Age Sex Health Care Plan ID #

Parent /Guardian (name) Relationship to Camper

Home Phone Work Phone Cell Phone Email

Alternate Contact (name) Relationship to Camper Phone

Please check and comment if there has been a history of the following:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Trouble with ears | <input type="checkbox"/> Hives | <input type="checkbox"/> Chronic cough |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Hay fever | |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Diet restrictions | <input type="checkbox"/> Food allergies | |
| <input type="checkbox"/> Communicable diseases | <input type="checkbox"/> Severe allergic reactions | <input type="checkbox"/> Trouble with eyes | |

Unusual sensitivity to:

- | | |
|--|---|
| <input type="checkbox"/> Insect/Bee stings | <input type="checkbox"/> Poison Oak/Ivy |
| <input type="checkbox"/> Sunburn/Sunscreen | <input type="checkbox"/> Other (please explain) _____ |

Please comment on all checked items (use extra sheet if needed):

Is your child on any medication that is taken at home? Yes No
 (The Lawrence Hall of Science staff are not able to dispense medications.)

Name of Medication/Reason _____

Is your child up-to-date on all state-required immunizations? Yes No

If no please explain: _____

Is there anything, health related or not, that you want the Hall staff to know about this camper?

(use extra sheet if needed) _____

— PHOTO CONSENT —

From time to time, the Lawrence Hall of Science takes photographs or videos of activities in or related to the Hall. These photographs and videos are used solely in support of the Hall and its educational mission. Their uses include, but are not limited to, brochures produced by the Hall, our website, and press kits sent to media outlets to promote programs at the Lawrence Hall of Science. We would appreciate your cooperation in signing the following consent to all and any images of your child appearing in these photographs or videos to be used by the Lawrence Hall of Science.

I (Parent/Guardian) **give my permission** to have

I (Parent/Guardian) **do not give my permission** to have

 (Child's full name)

appear in the Lawrence Hall of Science publications and promotional materials. I understand (a) the images and/or tape recordings will be used exclusively to promote the activities of the Hall, (b) the images and/or tape recordings will be the sole property of the Hall, and (c) there will be no wages or payment of any kind in return for this appearance.

 Signed

 Date

— CONSENT TO TREATMENT OF A MINOR —

The undersigned, as parent or legal guardian of _____,

Camper's Last Name, First Name (please print clearly)

hereby authorizes the Lawrence Hall of Science and the delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the Lawrence Hall of Science will endeavor, but is not required, to communicate with the undersigned prior to such treatment. The undersigned further agrees that the Lawrence Hall of Science and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given to the Lawrence Hall of Science and shall remain effective from June 11 through August 24, 2012.

 Parent/Guardian (name)

 Relationship to Camper

 Signature

 Date

Day Camp Dismissal • Morning camps are over at 12:00 noon. Afternoon and full-day camps are over at 4:00 p.m. **Campers entering grades 2 and younger must remain at the camp room until they are picked up by an adult.**

If your child is entering **grade 3 or higher**, you may request that he or she be dismissed from the camp room to be picked up elsewhere by checking the box and signing here.

My child is allowed to leave by him/herself at the end of camp.

 Signed

 Date

For any other requests about the pickup or dismissal of a camper, please contact the camp instructor.