



Child's Last Name: _____

2020 Summer Adventure Camp Health and Information Form

Child's Last Name: _____

Child's First Name: _____

Nickname: _____

Birthday: _____ Gender: _____ Grade (as of 9/19): _____

Household #1

Primary Guardian: _____

Relationship To Camper: _____

Additional Guardian: _____

Relationship To Camper: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Household #2

Primary Guardian: _____

Relationship To Camper: _____

Additional Guardian: _____

Relationship To Camper: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Please Check- If a guardian must be spoken to regarding an issue at camp which guardian(s) should be contacted:

Household #1 Primary Guardian _____ Household #2 Primary Guardian _____ Both Primary Guardians _____

Emergency Contact #1 Name:

Relationship: _____

Phone #: _____

Is this person allowed to Pick-Up the Camper?

Emergency Contact #1 Name:

Relationship: _____

Phone #: _____

Is this person allowed to Pick-Up the Camper?



Child's Last Name: _____

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Camper's Medical Insurance Provider: _____ Policy # _____

Primary Care Doctor: _____ Phone # _____

Does your child have any allergies? If yes, please list: _____

Does your child have any medical needs, issues that are addressed at school, or is currently on any daily medication? If yes, please explain:

Is there any additional information that would make your camper's time with us more enjoyable? (ie likes, dislikes, fears, etc.):

Pick Up Authorization

If there are people besides the parents/guardians and emergency contacts listed above who have permission to pick up your child(ren), please list them here. **NOTE: We will only release your child to persons whose names appear on this form unless we have written permission to do otherwise. Please advise all authorized pick-up persons that camp staff may ask for photo identification.**

1. Name: _____ Relationship To Camper: _____

Address: _____

2. Name: _____ Relationship To Camper: _____

Address: _____

NOT AUTHORIZED TO PICK UP CHILD(REN) AT SUMMER ADVENTURE CAMP

If someone is listed below Exeter Parks and Recreation Staff will contact you for details and any special instructions should the person try to pick-up your child(ren). All details will remain confidential.

1. Name: _____ Relationship To Camper: _____

2. Name: _____ Relationship To Camper: _____



Child's Last Name: _____

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Exeter Parks and Recreation Sunscreen Policy

1. We **do not** provide sunscreen for participants as it is a medication and some participants may have allergies to some ingredients in certain sunscreens. Each participant needs to bring his or her own. If a camper does not have their own sunscreen their guardians will be called to bring some down to camp.
2. Participants should arrive at programs with a thick base coat of sunscreen already applied, especially in hard to reach areas, such as their backs.
3. Staff will remind participants regularly to reapply sunscreen every 2 hours: 10 am, 12 pm and 1 pm.
4. We encourage campers to wear hats to protect their heads and shirts to protect their backs. This is especially important if your child has sun sensitivities.

Authorization to Apply Sunscreen

I authorize the Exeter Parks and Recreation Summer Adventure Camp Staff to apply only sunscreen I provide to (child's name): _____

Signature of Guardian

Date:

I agree that I have filled out the 2020 Summer Adventure Camp Health and Information Form to the best of my ability with accurate and up-to-date information regarding my child.

Signature of Guardian

Date:



Child's Last Name: _____

2020 Authorization To Administer Medication

While medication should ideally be administered at home, we recognize that it is sometimes necessary for a participant to receive medication during the program. In this event, the following procedures will be followed:

1. All medications must have a signed copy of this authorization form must on file with the Camp Administrative Staff (Camp Director or Assistant Director).
2. The participant must be instructed at home or by the family physician to self-administer the medication in the presence of the Camp Administrative Staff.
3. Medication must be in its original bottle or container, labeled with the participant's name, content, dosage, and time to be administered. Medication sent to the program should not exceed the dosage for one program day.
4. Medication will be kept in a secure location and provided to your child at the appropriate time. If necessary, a Camp Administrative Staff will assist your child with removal of a childproof cap, but will not administer the medication. All medication brought on field trips will be kept in the possession of the Camp Administrative Staff.
5. Epi-Pens and inhalers need the Authorization to Administer Medication Form filled out as well. Epi-Pens and Inhalers will be kept in the child's backpack for quick access.

Participant Name: _____

Name of Medication # 1: _____

Dosage Amount of Medication # 1: _____

Frequency of Dosage for Medication # 1: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____



Child's Last Name: _____

2020 Authorization To Administer Medication

Participant Name: _____

Name of Medication # 2: _____

Dosage Amount of Medication #2: _____

Frequency of Dosage for Medication # 2: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

I _____ hereby request the Exeter

(Print Guardian's Name)

Parks and Recreation Department staff to provide the above medication at the time(s) indicated for my child _____

(Print Child's Name)

to self-administer. I am aware that this medication will be dispensed by non-medical, Recreation personnel. I hereby agree to release and hold the Exeter Parks and Recreation Department its agents and employees harmless from any and all claims, including negligence, which may arise as a result of the administering of the medication.

Signature of Guardian

Date: