

Camper Health History & Release Form



This form must be completed and returned, with original signature, in advance of the session in which your child/ward is enrolled. Failure to comply may result in your child's/ward's discharge from the program.

Camper Information				
Full Name:				
Permanent Address:				
Birth Date:	Age:	Grade entering in Fall:		
Custodial Care Information				
This person is under the custodial care of:				
<ul style="list-style-type: none"> • Both Parents • Mother Only • Father Only • Other – Name & Relationship: 				
Emergency Contact Information				
Primary Contact Name:		Relationship:		
Home Phone: ()	Work Phone: ()	Cell Phone: ()		
Address:				
Secondary Contact Name:		Relationship:		
Home Phone: ()	Work Phone: ()	Cell Phone: ()		
Address:				
Physician Name:		Phone:		
Insurance Information				
Is this person covered by medical/hospital insurance? • Yes • No				
If yes, carrier/plan name:		Group #		
Carrier Address:				
Name of Insured:				
Policy holder's insurance policy ID #				
Health History This information will provide camp staff with the background to provide appropriate care.				
Allergies List all known (medications, food, insect stings, hay fever, etc.) and describe reaction and management of the reaction.				
Medications List all medications, including over-the-counter drugs, taken routinely. Bring medication in the original container with its prescription or over-the-counter label. ALL medications must be turned in and administered by camp staff.		Med #1	Med #2	Med #3
	Name			
	Dosage			
	Time(s) Taken			
	Reason for Taking			
I attest that all immunizations required for school are up-to-date: (initial)				
Date of last tetanus shot: (month)		(year)		
Please describe any past or current medical treatment:				
Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations, while at camp:				

Dietary Restrictions

The following dietary restrictions apply: (circle)
vegetarian vegan gluten-free lactose/dairy-free other:

Special Activity Restrictions

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary).

Camper Release Information

My child/ward will be: • Picked-up by parent/guardian • Picked-up by someone else

Please supply the names and phone numbers of individuals AUTHORIZED to pick-up your child/ward:

Name:	Relationship to Child:
Primary Phone:	Alternate Phone:
Name:	Relationship to Child:
Primary Phone:	Alternate Phone:
Name:	Relationship to Child:
Primary Phone:	Alternate Phone:

Permission to Treat

I authorize The Dawes Arboretum staff to provide routine first aid and to supervise self-medication and to seek medical assistance on behalf of my child/ward in the event my child/ward is injured or becomes ill.

• Yes • No

My child may have a camp counselor apply sunscreen/insect repellent that is provided by the parent/guardian.

• Yes • No

Photography Release

I grant The Dawes Arboretum permission to use the image of my child/ward for Arboretum promotion including but not limited to newsletters, The Arboretum website, print and digital advertising, flyers and brochures, and social media posts in perpetuity, without any compensation to me or my family. I also understand that during the camp, my child may be photographed by various members of the media such as, but not limited to The Columbus Dispatch and The Newark Advocate.

• Yes • No

Consent to Participate

As the parent or guardian of the above mentioned child, I hereby give permission for him/her to participate in The Dawes Arboretum Youth Camp. I understand that this will involve outdoor activities including water activities, muddy activities, exposure to insects and hiking, and that participation in camp activities involves inherent risks and hazards, including serious injury. I hereby certify that my child is in good health and is able to participate in all camp activities and voluntarily assume all such risks on behalf of the child.

I understand and agree to the preceding.

Signature of Custodial Parent/Guardian:

Printed Name:

Date: