

# Day Camp Health Form and Waiver Packet



## Completion Checklist:

- Completed Health Packet
- Physical and Immunization Record
- Allergy, Asthma or Diabetes Plan

## Immunizations and Physicals

To ensure a successful camp experience please include any pertinent information regarding special needs (IEP's, Behavior Plans, medical history) in the form below. We can accommodate on a case-by-case basis in order to establish the best strategy for a great summer camp experience!

Please contact your Camp Director for more information.

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## Camper Information

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Entering in the Fall: \_\_\_\_\_

Address: \_\_\_\_\_

Summer Address (if different): \_\_\_\_\_

## List guardians/emergency contacts (they will be included in the Release/Pick-up list):

Parent #1/Guardian	Parent #2/Emergency Contact	Emergency Contact
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Phone: _____	Phone: _____	Phone: _____
Phone: _____	Phone: _____	Phone: _____
E-mail: _____	E-mail: _____	E-mail: _____

Address of Guardian if different: \_\_\_\_\_

**Restrictions:** Camp activities are similar to those described in the camp brochure or camp website.

- No activity restrictions.
- Yes, please describe: \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

**Insurance Carrier/Plan Name:** \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

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Date:

Session Group:

Camper Name:

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**Health History:**

Gender Identity: \_\_\_\_\_ Height in Feet: \_\_\_\_\_ Inches: \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Race/Ethnicity (Not required): \_\_\_\_\_

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**Medical History:** (Explain "Yes" answers in the space below.)

- |  |  |  |  |
|--|--|--|--|
| 1. Have asthma?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Have motion sickness?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have diabetes?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Ever had back/joint problems?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have seizures or seizure disorder?            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Ever been stung by a bee?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Other recurrent/chronic illness?              | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Have any skin problems?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Been hospitalized/had surgery in past 2 yrs.? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have stomach or intestinal issues?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Ever had a head injury or concussion?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. If female, problems with menstruation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have severe or frequent headaches?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| 8. Passed out/had chest pain during exercise?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| 9. Had fainting or dizziness?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/>                                 |
| 10. Have frequent bloody nose?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

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**Mental, Emotional and Social History:** (Explain "Yes" answers in the space below.)

- |  |  |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have a phobia?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Ever have a need for an aide at school?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. During the past year, seen a professional to address mental/emotional health concerns?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Used an individualized education plan (IEP) during the previous school year?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Speak a primary language other than English?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had a significant life event that continues to affect the camper's life? (Recent Divorce, foster care, trauma etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Additional Information (other behavior or physical, mental, emotional, and social health information, etc.)         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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**Allergies:**

- No Allergies.
- Yes, Food Allergies. Describe:
  - Risk of Anaphylaxis? (Please attach emergency allergy plan.)
- Yes, Drug Allergies. Describe:
  - Risk of Anaphylaxis? (Please attach emergency allergy plan.)
- Yes, Environmental Allergies. Describe:
  - Risk of Anaphylaxis? (Please attach emergency allergy plan.)

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**Diet and Nutrition:**  No diet restrictions.  Vegetarian  Vegan  Gluten-free Diet  
 Other:

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**Medications**

Please list all medication needed during the camp hours. Include emergency medications and over-the-counter medications. All medications must be unexpired and in original containers. Prescription medications must include the pharmacy label.

List medication regularly taken **only at home**: \_\_\_\_\_

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**Medications at Camp**

- No, this camper will not be taking any medication at camp. (Skip to page 4.)  
 Yes, this camper will bring medication to camp.
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**Asthma Emergency Medications:**

- No, this camper does not have emergency asthma medication.  
 No, this camper needs asthma medication only for respiratory illness and will not be bringing it to camp.  
 Yes, this camper has asthma medication that they will be bringing to camp.  
 Camper can self-administer medication       Camper needs assistance with medication

**Asthma Medication:**

<b>Medication:</b>	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Camper will also bring:  spacer and/or a  nebulizer

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**Allergy Emergency Medications**

- No, this camper does not have emergency allergy medications.  
 Yes, this camper will be bringing EpiPens to camp. **EpiPens must have a pharmacy label.**  
 EpiPen (0.3 mg/0.3mL injection)       EpiPen Jr. (0.15 mg/0.3mL injection)  
 Camper can self-administer medication       Camper needs assistance with medication

**Other Allergy Medication:**

<b>Medication:</b>	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

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**Medications Needed During Camp Hours:**

<b>Medication:</b>	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

<b>Medication:</b>	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

<b>Medication:</b>	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

If you need more space to add other medications, please add another page.

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**Release/Pick-Up (If under age 18)**

My camper may be released to the following adults (include first and last names):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Other means of dismissal permitted (walking, bicycling, etc.): \_\_\_\_\_

The parent/guardian may send a signed note to make changes to this list. People picking up campers must bring a photo ID. If a person not listed above arrives to pick up a camper, the camper will remain with camp staff until the parent/guardian has been contacted and has given permission for the release. If there are specific people to whom the camper may not be released, please inform the camp in writing.

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**Medical Waiver and Authorization (agreement is required for participation):**

**Medical Release:** This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff to provide routine health care; to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the physician selected by the camp to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.

**Medications:** Pursuant to Kansas law and Barton Community College policy, I authorize Barton STEM staff, designated healthcare staff to administer as listed above Medications At Camp and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed. I understand that all medications at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's health supervisor, and each dose monitored by a camp staff member. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label.

**Insurance:** I certify that the named camper is covered by health and accident insurance or Medicaid and that the policy information given is correct.

**Off-Site Trips:** I give permission for my camper to participate in and be transported to any off-site trips as scheduled, and

**Release/Pick-up:** I understand the release policy as described and authorize Barton STEM staff to release my child to the people/methods listed on this form.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.

**Signature of Custodial Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

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**Day Camp Agreement of Terms:**

**Program:** I give permission for my child to participate in all camp program activities similar to those described in the newsletter, camp brochure, or information packet. I understand that Barton STEM staff reserves the right to change program activities or instructors and cancel programs, should Barton STEM decide in its sole judgment that it is necessary and appropriate to do so.

**Expectations/Dismissal:** I have informed the Camp Director and other appropriate Barton STEM staff of any limitations to my child's participation and agree to abide by Barton STEM's sole judgment as to whether my child can be accommodated in the camp program. I understand that failing to disclose any physical, emotional, or behavioral needs or conditions may result in the child's dismissal from the program without refund. I understand that my child must follow the stated behavior expectations and safety rules and that Barton STEM reserves the right in its sole judgment to dismiss without refund any child whose behavior interferes with the rights and safety of others or consistently disrupts group dynamics or activities.

**Sun and Bugs:** I understand that outdoor exploration is an integral part of Barton STEM programs and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child before bringing him/her to camp each day. I give permission to Barton STEM staff to assist my child in re-applying sunscreen, insect repellent, and topical anti-itch cream. I understand that some ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child's body thoroughly every day and to remove any ticks that may become attached. I understand that participants in overnight programs will be given instruction on how to check themselves for ticks and will be reminded by staff to do so. I am responsible to do a complete check upon my child's return home.

**Payment, Cancellation, and Refund:** I understand and agree to the payment, cancellation, refund, and late fee policies as described in the camp's newsletter, brochure, confirmation letter, or information packet.

I have read and agree to abide by the terms and policies listed above and those found in the camp newsletter, brochure, confirmation letter, or information packet.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.

**Signature of Custodial Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

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**Day Camp Audio/Visual Image Release:**

Barton STEM uses images and sounds of children and staff participating in Barton STEM programs as a way of documenting the enjoyable and educational experiences they have while exploring the natural world. Barton STEM will not identify my child, or will identify my child only by first name and program, unless I give prior written permission to do otherwise.

In consideration of the above, I hereby give my permission and consent to Barton STEM (1) photographing, filming, and video/audio taping my child, (2) using and displaying images and sounds of my child in Barton STEM's websites, archives, and promotional or informational material, including, but not limited to, newsletters, brochures, advertisements, and newspaper articles, and (3) submitting any such images and sounds of my child to the Barton STEM for its publicity and use to illustrate and promote the camp experience or the Kansas LS-SAMP Alliance, with K-State or other partners and I hereby waive and release on behalf of my child and myself any rights to compensation for, or ownership of, such images and/or sounds of my child and the above uses of them by Barton STEM and the Alliance partnership.

I have read this audio/visual image release and agree to its terms and conditions.

**Signature of Custodial Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

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**Day Camp Acknowledgement of Risk and Assumption of Personal Responsibility:**

Barton STEM staff members make every effort to conduct safe programs, to orient and support students, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that program activities may include, but are not limited to: hiking on uneven terrain, playing active games, participating in activities near water, and other activities such as cooking, making candles, and being near program animals. The camp newsletter, brochure, or information packet will inform you of special activities that may also include, but are not limited to: traveling in Barton STEM-owned or -leased vehicles, that may include both high and low elements. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless Barton Community College, Inc., and its officers, directors, employees, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the Barton STEM program and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Barton STEM program and activities, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during Barton STEM programs and activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the Barton STEM program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate, as described in the Agreement of Terms or camp newsletter, brochure, or information packet.

**Signature of Custodial Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

