

# Camp What If Medical & Release Form

## Contact Information:

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_

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

Parent/Guardian Primary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian Alternative Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian Alternative Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Mother/Father/Guardian (circle one) Name: \_\_\_\_\_

Mother/Father/Guardian (circle one) Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

If parents are divorced, who has primary custody? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Alternative Emergency Contact Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

## Medical/Insurance Information:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Conditions:  Asthma  Bed Wetting  Diabetes  Seizures

Sleep Walking  Other \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications/Dosages: \_\_\_\_\_

\_\_\_\_\_

*(Any medication needed during Camp What If must be administered by our designated adult and must be in the original container labeled by the pharmacy, including "over-the-counter" medicine. Attach additional instructions if needed.)*

Special Diet or Food Restrictions: \_\_\_\_\_

\_\_\_\_\_

Any Other Medical Issues: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## Release Information:

In the following statements, **camp leadership** refers to all authorized adult leaders with **Camp What If**, both paid staff and volunteers, as well as facility staff.

I give permission for my child, named above, to attend and participate in **Camp What If**, presented by **TomTod Ideas**.

I give permission for camp leadership to photograph/video my child and/or myself & use our image/likeness/story in promotional materials.

I give permission for camp leadership to transport my child during these activities.

I give permission for camp leadership to make necessary decisions in any medical emergency involving my child.

Camp Leadership may employ outside evaluators to observe various activities throughout camp to provide input and/or create reports on programmatic efficacy.

Campers will not be individually identified in any resulting reports. I give permission for my child to be included in these evaluations.

I will not hold camp leadership responsible for payment of emergency medical treatment involving my child or hold them liable in any way for any harm to my child during participation in activities.

I give permission for camp leadership to dispense medications as directed above.

My child agrees to respect all guidelines given by camp leadership related to behavior throughout **Camp What If**.

Any behavioral problems that arise are subject to appropriate disciplinary action.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Additional permission slips & medical forms can be printed at [www.tomtodideas.org/camp](http://www.tomtodideas.org/camp)

