

2. Dietary Restrictions? No Yes If yes, please list restrictions (snacks may need to be sent from home):

3. Please provide a description of any current physical, mental, or psychological conditions or factors requiring medication, treatment, or special restrictions or considerations while at camp: _____

4. Does your child have any special needs or physical limitations? No Yes If yes, please describe any assistance or accommodations required: _____

5. Please list all medications your camper will need to take during camp hours. Examples include inhalers, EpiPen, insulin, or any other treatment for a long term disability or condition (list additional medications on a separate page). Please also include any over-the-counter medications that may be required (acetaminophen, ibuprofen, Benadryl, etc.)

*Medication (complete name)	Dosage to be administered	Time(s) to be administered	Date(s) to be administered		Special Notes
			From:	To:	
			From:	To:	
			From:	To:	
			From:	To:	
			From:	To:	

6. Use of sunscreen or insect repellent requires parent authorization noting any known adverse reactions to particular brands. By initialing the boxes below, you are giving staff permission to apply the following to your camper:

- Sunscreen List adverse reactions (if any): _____
- Insect Repellent List adverse reactions (if any): _____

***Reminder to Parent/Guardian:** Medication must be labeled with camper's name, name of medication, the dosage amount, and the time(s) to be given. Medications must be in their original container with only a one day supply; the prescription label with directions must be attached.

RESTRICTIONS

- I have reviewed the camp program and feel the camper can participate without restrictions.
- I have reviewed the camp program and feel the camper can participate with the following restrictions or accommodations. Please describe:

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. Camper has permission to participate in all camp activities except as noted by me/or an examining physician. If I cannot be reached in an emergency, I give permission to Florence County Parks and Recreation to get camper to an emergency room in the most expedient manner possible.

Additionally, I give permission for a physician selected by Florence County Parks and Recreation to hospitalize and secure proper treatment for camper, including but not limited to ordering injections, anesthesia, surgery, x-rays and other tests related to the health of camper. I understand this information on this form will be shared only on a "need to know" basis with camp staff. I give permission to photocopy this form to share with health officials. In addition, Florence County Parks and Recreation has permission to obtain a copy of camper's health record from providers who treat camper and these providers.

Parent/Guardian Signature _____ Date _____

AGREEMENT TO RELEASE ASSUMPTION OF RISK, AGREEMENTS TO HOLD HARMLESS

The undersigned is aware that there are certain risks involved in participating in the Summer Camp Program including, but not limited to, the risk of theft or damage to property and the risk of personal injury from participation in recreation activities. In consideration of my being granted permission to participate in these activities and to use the facilities of the County and/or other activities and services provided by Florence County Parks and Recreation Department, its agents and employees, I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby agree to hold harmless and indemnify the County and all its officers, departments, agencies, and employees from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including court costs and attorney's fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in the Summer Camp Program. I have read and understand this Hold Harmless Agreement and, by my signature, agree to its terms. The Summer Camp Program agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. The parent/guardian authorizes the Summer Camp Program to obtain immediate medical care if an emergency occurs when s/he cannot be reached immediately.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

I hereby give my permission, without restriction, to Florence County and its assignees to photograph or videotape my child during participation in Summer Camp Programs. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for County programs.

Parent/Guardian Signature _____ Date _____