



PO Box 1264, Canby, OR 97013  
503-266-5176  
www.canbygrove.com

### DAY CAMP RELEASE AND HEALTH FORM

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_

Camper Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

**Emergency Contact Information -**

1st Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Daytime/Cell Phone (\_\_\_\_) \_\_\_\_\_

2nd Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Daytime/Cell Phone (\_\_\_\_) \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Health History -**

Allergies (list all known) - Describe reaction and management of the reaction

Medication Allergies -

Food Allergies -

Other Allergies - include insect stings, hay fever, asthma, etc.

Medications being taken - please list **all** medications, including over-the-counter or nonprescription drugs, taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the brand of the medication, the dosage and the frequency of administration. Attach additional pages as necessary. I give permission to Canby Grove to hold and only make your child's medication **available** at the proper time.

- This camper takes **NO** medications on a routine basis.
- This camper takes the following medications -

Med #1 \_\_\_\_\_ Reason for taking \_\_\_\_\_ Time & Dosage \_\_\_\_\_

Med #2 \_\_\_\_\_ Reason for taking \_\_\_\_\_ Time & Dosage \_\_\_\_\_

Restrictions - are there any restriction of activity due to disability or medical reasons?  No  Yes, please explain \_\_\_\_\_

Immunizations - are all immunizations up to date?  Yes  No, please specify \_\_\_\_\_

Date of last tetanus booster? \_\_\_\_\_ If unsure, was it within last 5 years?  Yes  No

Insurance Information -

Health Insurance Carrier \_\_\_\_\_ Policy number \_\_\_\_\_

Policyholder \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Dentist/Orthodontist \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**Participation Agreement -**

**PARENT OR GUARDIAN SIGNATURE IS REQUIRED IN ORDER FOR CHILD TO PARTICIPATE IN CAMP!**

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the camp activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as any medical treatment rendered to the Participant that is authorized by Canby Grove or its agents, employees, volunteers or any other representatives of Canby Grove. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend and hold harmless Canby Grove for any injury arising directly or indirectly out of the camp activity or transportation to and from the activity, whether such injury arises out of the negligence of Canby Grove, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and Canby Grove cannot agree upon such a process, the dispute will be submitted to a three member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

**Camper Dismissal** - I understand that my child may be sent home if he/she does not comply with camp behavioral guidelines. The decision will be made by the Program Director and no refund will be available.

**Publicity Release** - I give permission and consent to allow photographs, video tapes and quotes to be taken for publishing and used to illustrate and advertise Canby Grove and its camp activities.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family including minor children.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

