



Bemis Art & Acting Day Camp Camper Registration and Health Statement

Registration

Child's Name: _____ DOB _____

Child's Height & Weight: _____ Male: _____ Female: _____

Parent(s)/Guardian(s) Full Name: _____

Address: _____

City, State & Zip: _____

Parent(s)/Guardian(s) Phone: _____ Alt/Work Phone: _____

Employer: _____ Phone: _____

Employer address: _____

Any Special Phone Instructions? _____

Secondary Emergency Contact: _____ Phone: _____

Secondary Relationship to Camper: _____

Others not listed above who may pick up my child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Persons who may **NOT** pick up my child:

Health Statement (include a copy of healthcare insurance card)

1. Child's history of serious lacerations, injuries, or illnesses:

2. Date of Child's last physical _____ Medical facility _____

3. Allergies or drug reactions:

- Does your child use and carry a bronchial inhaler for asthma? _____
- Does your child carry an epi pen? _____

4. Medication routinely taken or any medications taken within the two weeks prior to camp.

Health Statement - cont.

5. if it is necessary for your child to receive medication during camp hours, a parent or guardian must return to administer necessary medication. Camp staff may not administer medications.

6. In the past 12 months has your child had any surgeries?

7. Are there any other health conditions or other limitations that would affect your child's ability to participate in any camp activities?

8. Does your child have any phobias or behaviors we should be aware of? Heights, water, loud noises, fear of storms, etc? _____

9. I give _____ I do not give _____ permission, if it becomes necessary for my child to be treated by a medical emergency professional or Hospital Emergency Room personnel, including technicians, LPN, RN's and Doctors. I further give permission for all prudent and normal standard of care procedures be given for whatever cause or reason my child may need medical care in my absence. I understand that if such a situation may arise, that all possible attempts will be made and continue to be made to reach me or my secondary emergency contact. My secondary contact may _____ may not _____ make medical decisions for my child in my absence.

I further attest that all information listed above and agreed to by me, is true and accurate to the best of my knowledge.

Parent/ Guardian signature _____ Date _____

Printed Name _____

Sunscreen Application I give _____ I do not give _____ permission for La Foret or Bemis personnel permission to assist my child in sunscreen application.

Photographic Release I give permission _____ I do not give permission _____ for my child to be photographed and their image potentially used in promotional advertising, including direct mail, email, web page and social media that may pertain to La Foret and/or the Bemis School of Arts. La Foret will never release or assign any photographs to any outside party or organization.

Parent/Guardian Signature: _____ Date _____