



# 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: \_\_\_\_\_

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

Secondary Relationship to Camper: \_\_\_\_\_

Others not listed above who may pick up my child:

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

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

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

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

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 \_\_\_\_\_

Physicians Printed Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone number \_\_\_\_\_

## **Health Statement - cont.**

Medical Facility Name \_\_\_\_\_

Medical Facility Address \_\_\_\_\_

Medical Facility Phone Number \_\_\_\_\_

Dentist Printed Name \_\_\_\_\_  
Dentist's Address \_\_\_\_\_  
Dentist's Phone Number \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

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 other onsite camp activities (such as hiking, swimming, active outdoor games) outside of the Bemis Art and Acting curriculum?

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Printed Name \_\_\_\_\_