



Camp Fire USA Day Camp Pre-School Registration & Health Form

RECEIVED:

Mail to: Camp Fire USA, 4241 21st Ave W, Suite 200, Seattle, WA 98199

DAY CAMP/SITE _____ DATES _____

Name _____ Home Phone (_____) _____
LAST FIRST MIDDLE INITIAL

Address _____ Home E-mail Address _____

City _____ State _____ ZIP _____ Gender: Boy Girl Birthdate ____/____/____ (mo/day/yr)

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 (Primary):

Name: _____ Employer: _____ Work Phone: _____ Relationship: _____
Mobile Phone: _____

Address: _____ City, State: _____ ZIP: _____ Home Phone: _____
(Supply address and home phone if different than camper.)

Parent/Guardian 2:

Name: _____ Employer: _____ Work Phone: _____ Relationship: _____
Mobile Phone: _____

Address: _____ City, State: _____ ZIP: _____ Home Phone: _____
(Supply address and home phone if different than camper.)

LOCAL EMERGENCY CONTACT

Authorized to act on behalf of parent(s) if they cannot be reached.

Name: _____ Home Phone: _____ Other Phone: _____ Relationship: _____

BASIC HEALTH INFORMATION

Please attach a note with any other information that will help us serve your youth.

Date of last DTaP/DTP/DT/Td: Year _____ Immunizations Current? (measles, polio, DPT) Yes No

Doctor's Name _____ Doctor's Phone (_____) _____

Has your child ever been diagnosed with any of the following?

ADD Asthma-Mild Blind Diabetes Hearing-Impaired Physical impairments or mobility limitations

ADHD Asthma-Severe Deaf Epilepsy or Seizures None

Allergies *(list all allergies plus reaction and treatment):* _____

Fears: _____ Toilet trained? Yes No Generally naps? Yes No

Please list any medications, prescription or over-the-counter, that your child currently takes regularly

Name of Medication

Dosage

Purpose

Effect

Describe past medical treatment, if any: _____

DEMOGRAPHICS (optional)

Completing this information below correctly helps Camp Fire USA seek & receive funding from the community. Camp Fire USA activities are open to all without regard to race, gender, creed, national origin, sexual orientation, economic status, or mental or physical disabilities.

Number in Family _____

Status of Head of Household:

Married (two parent)

Single Parent

Partnership

Guardianship

Foster Parent

Household Income:

Under 15,000

\$15,001-\$25,000

\$25,001-\$35,000

\$35,001-\$45,000

\$45,001-\$55,000

\$55,001-\$75,000

\$75,001-\$100,000

\$100,001-\$150,000

\$150,001-\$200,000

Over \$200,000

Ethnicity _____

Latino/Latina/Hispanic? Yes No

Immigrant or Refugee from (country) _____

PARENT/GUARDIAN AUTHORIZATIONS

My child (or ward) has permission to participate in the camp activities and trips during the session(s) and program(s) for which he/she is enrolled. I understand that camp activities have inherent risks and that reasonable measures will be taken to safeguard the health and safety of all participants. I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in camp activities, and willing and able to abide by camp policies and follow directions of camp personnel. I understand that I will be notified as soon as possible in case of any emergency, unusual illness or injury affecting my child, or if my child is not well or is unable to function in camp. In the event I cannot be reached, I hereby authorize the alternate contact people to act on my behalf, and authorize the camp to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments. I will turn in to the camp health staff any medications, in the original containers, with the child's name on them and with directions for use. I have provided a complete picture of my child's physical, emotional and mental health, including all medications, on this registration form. In the event that my child is photographed, filmed or recorded while participating in Day Camp, Camp Fire USA may use the photo, film or recording for publicity, promotional or instructional purposes. I will assure that my child will not bring valuables, money, electronic items, weapons, alcohol or illegal drugs to camp. I will monitor my child's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on the Internet.

I hereby give permission to the medical personnel selected by the Day Camp Site Director to provide appropriate routine and emergency care for my child and to administer medications, including the following over the counter medications:

1% Hydrocortisone Ibuprofen Low Level DEET Insect Repellent PABA-Free Sunscreen SPF 15/35 Antibiotic Ointment Benadryl Tylenol Tums/7-up
For anaphylaxis (life threatening emergency): Epinephrine Saline Eye Solution Throat Lozenge Chloraseptic Calamine Lotion Skin Moisturizer

Dosages will be administered according to the directions on the bottle/package unless a physician directs otherwise.

Please note any of the above medications your child is ALLERGIC to or should not have: _____

In case of medical emergency, after every reasonable effort has been made to contact me, the family physician or one of the contacts listed on this form: I hereby give permission to the physician selected by the Day Camp Site Director to secure and administer treatment, including hospitalization, for the child named above, and agree to have the Day Camp Site Director arrange necessary related transportation for my child, and agree to be responsible for expenses incurred in these measures.

PARENT/GUARDIAN SIGNATURE _____

DATE _____