PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland

2013 Summer Nature Day Camp

Health Form & Medical Release

General Participant Information

Child's Name _____Date of Birth _____Gender ____

Address _____City _____ST ____Zip _____

Ethnicity (optional) _____

Parents/Guardians _____"Best" Phone_____

Additional Phone _____Additional Phone _____

Most program correspondence is done by email. Please clearly print an email address you check frequently.

Email: _____

□ Yes! Add my email to the monthly EE Newsletter list so I know what's happening!

□ No thanks, or I'm already on your mailing list.

Emergency Information

Parents will be contacted first, but please give us an alternative contact for emergencies.

Emergency Contact's Name _____Phone _____

Physician's Name _____ Phone _____

Year of most recent Tetanus Vaccination_____

Insurance Provider _____ Insurance or Medical Policy No._____

In case of injury, campers will be taken to the nearest hospital: on the west side of Portland to St. Vincent or Good Samaritan and on the east side to Providence or Kaiser Sunnyside, unless you specify another hospital.

Please take my child to _____.

Medical Treatment Waiver & Authorization

As the parent or legal guardian of _____, I hereby grant permission for my child to participate in the Summer Nature Day Camp Program. In the event of an emergency, accident or illness, I authorize the City of Portland and its agent(s) to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. In the event that I cannot be reached in a medical emergency, I hereby give permission to the physician selected by the camp staff to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

My signature below hereby represents that I have read, understand, and consent to the terms and conditions of this document.

_____ _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN ADDRESS

_____ _____

RELATIONSHIP CITY, STATE, AND ZIP CODE

Please complete page 2 of this form!

Health Concerns & Medication Information

Does your child have allergies or health considerations that staff should be aware of? If so, please describe.

_____

_____

_____

_____

Does your child have any behavioral or emotional issues that would be helpful for staff to be aware of? If so, please describe.

_____

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_____

Does your child currently take any medication? If so, please describe medication and dosage.
*If medication needs to be taken ***at camp***, please bring medication on the first day of camp in its original packaging. Be prepared to fill out additional paperwork upon arrival.*

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_____

Are there any activities your child cannot participate in? If so, please describe.

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_____

_____

Photograph Release

Photographs will be taken at Portland Parks Summer Nature Day Camp showing campers and staff involved in camp activities. Un-named photos may be used by PP&R for informational and educational purposes. Please intial below to ackowledge that photos may include your child.

_____ _____

INITIALS OF PARENT or LEGAL GUARDIAN DATE