



Emergency Information

Vacation Week Program

To be completed and signed by parent/guardian. This information will be used in case of emergency.
It is important the all contact information is up to date, complete and accurate.

Camper Name: _____ D.O.B. ____ / ____ / _____

Street Address, City, State, Zip Code Gender: ☐ Male ☐ Female

EMERGENCY CONTACTS – Parents should be listed first and second with all available phone numbers. Parents are always contacted first should any issues arise or in case of emergency. Please note that **ONLY** the individuals listed will be able to pick-up your child from camp and must provide Identification at pick-up. Changes or additions to this list must be made in writing to the Camp Office. Please indicate with a "☑" to designate each contact as Emergency Contact and/or Authorized Pick-up.

Parent/Guardian 1: _____ Cell#: _____

Relationship to Camper: _____ Other#: _____ ☐ Home ☐ Work
☐ Emergency Contact ☐ Authorized Pick-up

Parent/Guardian 2: _____ Cell#: _____

Relationship to Camper: _____ Other#: _____ ☐ Home ☐ Work
☐ Emergency Contact ☐ Authorized Pick-up

Additional Contact: _____ Cell#: _____

Relationship to Camper: _____ Other#: _____ ☐ Home ☐ Work
☐ Emergency Contact ☐ Authorized Pick-up

MEDICAL INFORMATION – Conditions (check all that apply):

☐ Epi-Pen ☐ Asthma ☐ Inhaler ☐ Other

Comments: _____

☐ Food Allergy

Comments: _____

☐ Drug Allergy

Comments: _____

☐ Other Allergies

Comments: _____

☐ Emotional/Mental Health Challenges

Condition: _____ Treatment: _____

Name of Family Physician: _____ Phone#: _____

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted herein.

Authorization for Treatment: In case of health problem of emergency, I authorize Camp Thoreau, Inc. to administer First Aid and, where necessary, to transport my child to Emerson Hospital Emergency Room, and to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure an administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Please Print Name

Signature Parent/Guardian

Date



Medication Information Form

Vacation Week Program

All medications to be used during the camp session must be checked in with our staff on the first day of the session, and a Medication Information Form must accompany all medications. The State currently requires that all campers carry his/her own Epi-Pen or inhaler on their person after having checked them in. If your camper does not take medication **and** will not require medication at camp, you do not need to complete this section and may continue to the Health Policies below.

Camper Name: _____ D.O.B. ____ / ____ / ____

Height: _____ Weight: _____ Gender: ☐ Male ☐ Female

Please indicate with a "☑" the sessions your camper is attending:

☐ December Vacation Week

☐ February Vacation Week

☐ April Vacation Week

Please complete this form for all medications. Medications, including Epi-Pens, inhalers, Benadryl, etc. must come in the original container, with a pharmacy label, accompanied by a written physician's order.

Medication Name	Dosage	Time(s) Schedule	Special Instructions/Information

Special instructions to help camp staff assist your child with medication(s): _____

Parent/Guardian Signature: _____ Date: _____

Name of person most easily reached: _____ Phone#: _____

Name of Family Physician: _____ Phone#: _____

Name of Insurance Carrier: _____ Policy or Group#: _____

Health Policies

Based on our staff's discretion, we will contact parents/guardians regarding first aid, illness and medical issues which occur via a phone call. A mildly ill camper is considered to have the following signs or symptoms: Temperature of 99.9°F or higher, vomiting, diarrhea, mild dehydration or local allergic reaction. If a camper should present with one or more of these symptoms, then the parents/guardians will be requested to pick up the camper. Refunds will not be offered to children who are sent home due to illness. We ask that you screen your children prior to camp for communicable diseases such as head lice. **All campers are also required to submit a copy of a physical performed within the last 12 months prior to attendance and a summary of immunizations. Campers are NOT accepted at our Vacation Week programs without a current physical and immunizations on file at the Camp Office.**

Please Print Name

Signature Parent/Guardian

Date