



## Camp Participant General Information

**Child's Name:** \_\_\_\_\_

**Adult's Name:** \_\_\_\_\_

**Camp Name:** \_\_\_\_\_

**Camp Dates:** \_\_\_\_\_

**Gender:**  Male  Female

**Age:** \_\_\_\_\_

**Shirt Size:**

**Youth**  Small  Medium  Large

**Adult**  Small  Medium  Large  X-Large

Please share any general information that you feel would help The Works in assisting your child during program.

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## Camp Participant Health Information

I understand that if my child requires medication (prescription or over-the-counter) during the time that he/she is under The Works supervision, I will provide the medication in the original container with my child's name, the name of the medication, any directions, and/or special precautions.

**Parent/Guardian Signature:** \_\_\_\_\_

Does your child have any allergies?  Yes  No

If yes, please explain. Include special precautions or treatment.

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Does your child receive any regular medicines (prescriptions or over the counter)?

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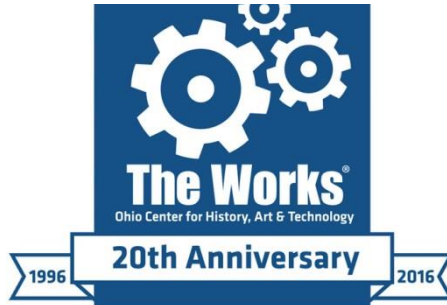
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Does your child have any health problems or physical limitations that might restrict his or her activity at camp, such as asthma, diabetes, hearing or vision losses, convulsive seizures, etc?

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## Pick Up Permission

The following people are authorized to pick up my child, \_\_\_\_\_ at The Works:

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

If the participant will be picked up by anyone other than the above stated parties, he or she must bring a written note from his or her parent stating with whom he or she will be leaving. This person should be prepared to present identification before the child will be permitted to leave The Works in their care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release Form

I give my consent to The Works to use my portrait or picture (motion or still) for publications, advertising purposes, promotional purposes (including, but not limited to, The Works press releases, circulars, newsletters and other printed materials) or any lawful purpose whatsoever.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camp Release Form

\_\_\_\_\_ has my permission to participate in all of the Curiosity Camp activities offered at The Works. I agree to hold The Works free and harmless from damages to property or injury sustained by participation that result from the operation of and participation in this program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Camp Authorization and Consent for Medical Care

Child's Name \_\_\_\_\_ Birth date: \_\_\_\_\_

If, in the opinion of The Works, immediate medical attention is necessary for my child, I do hereby authorize The Works to take such action, as it deems reasonable and appropriate under the circumstances. I do further authorize and consent to the administration of treatment deemed necessary and appropriate by the responding emergency medical technicians and to such treatment deemed medically appropriate and necessary by licensed physicians or other health care professionals called upon to provide emergency care to my child. In the event of a medical emergency The Works will attempt to promptly notify by telephone one of the following:

### EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

This form is for my child, who is under the age of 18. This form grants permission to treat my child in an emergency.

Yes       No [Contact me prior to any treatment.]

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature



## **Transportation Consent Form**

This permission slip is intended to cover Mini Vet Camp Participants that ride on The Works provided transportation.

My camper, \_\_\_\_\_, has my permission to be transported to and from Mini Vet camp home base and selected field trips with The Works provided transportation. I understand that such transportation may be rented cars, vans, and/or chartered buses. It is understood that every necessary precaution will be taken to ensure the students' safety. Beyond this, I agree to hold The Works harmless in the event of any injury to my camper while s/he is participating in off campus activities.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Best Phone Number to be reached:** \_\_\_\_\_