

# CAMPER HEALTH FORM

CAMPER FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ Returning Camper? ☐ Yes ☐ No

FREE T-SHIRT SIZE: ☐ YOUTH S ☐ YOUTH M ☐ ADULT S ☐ ADULT M ☐ ADULT L SCHOOL DISTRICT \_\_\_\_\_

ALLERGIES: (CHECK ALL THAT APPLY) ☐ Hay Fever ☐ Insects/Animals ☐ Food(s) ☐ Drugs ☐ Other \_\_\_\_\_

PLEASE EXPLAIN \_\_\_\_\_

Medications currently taking: \_\_\_\_\_  
TYPE DOSAGE

EXISTING CONDITIONS \_\_\_\_\_  
LIST ANY SPECIFIC PHYSICAL, EMOTIONAL OR BEHAVIORAL CONDITIONS AND EXPLAIN

Any Restrictions on activity? ☐ Yes ☐ No IF YES, PLEASE EXPLAIN \_\_\_\_\_

WHAT ELSE DO WE NEED TO KNOW ABOUT YOUR CHILD IN ORDER TO ENSURE A POSITIVE CAMP EXPERIENCE?

## EMERGENCY CONTACTS (Please list persons other than parent(s)/guardian(s) on registration form)

FIRST NAME	LAST NAME	RELATIONSHIP	HOME PHONE	OTHER PHONE
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FIRST NAME	LAST NAME	RELATIONSHIP	HOME PHONE	OTHER PHONE
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LIST PERSONS APPROVED TO PICK UP CAMPER (OTHER THAN PARENT/GUARDIANS)

## WAIVERS

I grant permission for the applicant to participate in all planned camp activities unless otherwise noted above and for Woldumar Nature Center's staff to transport my child to/from Woldumar Nature Center locations and other facilities during camp sessions for which my child is registered.

I hereby give my permission to Woldumar Nature Center to seek emergency medical treatment for this child if needed while attending camp. I also authorize trained staff to administer first aid to this child or transport my child to a medical facility, if need arises.

I release and hold harmless Woldumar Nature Center, its employees, volunteers, agents, officers and affiliates from any and all injuries, damages, losses and claims arising out of this child's involvement with Woldumar Nature Center and the camp program.

My signature below indicates my consent to Woldumar Nature Center and its assignees to use any photograph, picture or likeness of my child for promotional purposes.

I certify the child above is in good health, has no infectious disease, and has had all current immunizations required by Michigan Public Schools.

SIGNATURE OF PARENT/GUARDIAN	DATE
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