



10160 South M-37 Hwy
Dowling, Michigan 49050
Phone: (269) 721 - 8161
Fax: (269) 721 - 1071
www.clearlakecamp.org

REGISTRATION AND HEALTH INFORMATION FORM

(To be completed and signed by a parent or legal guardian - PLEASE PRINT)

Name of Student: _____ M _____ F _____

Birth date: _____ Address: _____

City: _____ State: _____ Zip: _____

Student's School: _____ Grade: _____ Teacher: _____

Student's Parent/Guardian 1: _____

Day Phone:(_____) _____ - _____ Night Phone:(_____) _____ - _____

Student's Parent/Guardian 2: _____

Day Phone: (_____) _____ - _____ Night Phone:(_____) _____ - _____

May we add you to our mailing list? YES NO E-mail: _____

In an Emergency, call the number(s) above or: (Include area codes)

1) _____ Relationship: _____ Phone:(_____) _____ - _____

2) _____ Relationship: _____ Phone:(_____) _____ - _____

Name of Student's Physician: _____ Phone:(_____) _____ - _____

Address: _____ City: _____ State: _____

MEDICATION AT CAMP

Any medication, prescription and over-the-counter, or supplement taken at camp must come with a complete and accurate MEDICATION PERMISSION FORM signed by BOTH the student's parent/guardian and the student's physician. Notwithstanding the preceding sentence, a physician's signature is not required for a student to possess and use a United States Food and Drug Administration approved, over-the-counter topical substance, as defined in MCL 380.1179. Review the MEDICATION INFORMATION SHEET for details. Questions: Call 269-721-8161.

PHOTO PERMISSION

I give permission for my child to be photographed **and** for their photo to be used on promotional media for the camp. No names shall be released and no compensation will be provided to the parent/guardian or student.

YES

NO

GENERAL HEALTH QUESTIONS

1. List any recent injury, illness, or infectious disease that may affect child’s participation:

2. List any chronic/recurring illness or disease: _____

3. List any special health and behavioral considerations, or physical limitations:

4. List any **ALLERGIES** to **foods, drugs, bee/wasp stings**, etc.: _____

5. List any **FOOD RESTRICTIONS**: Call ahead to Camp about any special diets! 269-721-8161

i.e. Gluten free, Vegetarian, etc. _____

6. Does your child Wet the bed? YES NO Sleep Walk? YES NO

7. Are your child’s Immunizations up to date? YES NO

8. Anything else we should know? _____

I give my permission for my child to attend the Battle Creek Public Schools (BCPS) Outdoor Education Center (OEC), a children's camp licensed by the State of Michigan, and participate in all planned activities. BCPS is not responsible for lost, stolen, or damaged personal articles. The answers to the above questions are correct to the best of my knowledge. I understand that in case of illness or accident an attempt will be made to contact me at the telephone number(s) listed above. In an emergency, if camp personnel are unable to contact me, I hereby give permission to BCPS to secure emergency medical and surgical treatment as well as routine, non-surgical medical care for my child while in camp at my expense. I give my permission for BCPS personnel to transport my child to a hospital for such a purpose. Parents/guardians and emergency contact persons listed on this form are authorized to pick my child up from camp if necessary. I understand that my child will not be released from the camp with any other person without my express written consent.

I shall indemnify and hold harmless BCPS and its Board or Education members, employees, and agents from any and all causes of action, claims, demands, losses, costs, damages, and expenses of any nature arising out of or in any way related to my child's use of OEC facilities or attendance at OEC activities. I acknowledge that my child's use of OEC facilities or attendance at OEC activities increases his or her risk of being exposed to, contracting, or transmitting COVID-19 or its symptoms. I further acknowledge that contracting COVID-19 or its symptoms may result in illness, permanent disability, or death. I understand my obligation to indemnify and hold harmless in this paragraph includes, but is not limited to, any and all causes of action, claims, demands, losses, costs, damages, and expenses of any nature arising out of or in any way related to my child contracting, being exposed to, or transmitting COVID-19 or its symptoms. I acknowledge that obligation includes paying the District's reasonable attorney fees incurred in defending against any and all causes of action, claims, demands, losses, costs, damages, and expenses that meet the requirements of this paragraph. I acknowledge that I am signing below knowingly, intelligently, and voluntarily.

Signature (must be parent or legal guardian)

(date)

Witness if needed

(date)