



**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 \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Night Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Night Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

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

**In an Emergency, we will call the persons above or: (Include area codes)**

1) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

2) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

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Name of 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** a parent and the physician. Review the MEDICATION INFORMATION SHEET for details. Questions: Call 269-721-8161**

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**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.

**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 Outdoor Education Center (BCPS OEC), a children's camp licensed by the State of Michigan, and participate in all planned activities. I agree to hold harmless the BCPS OEC and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. The BCPS OEC is not responsible for lost, stolen or damaged personal articles. This health history is 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 numbers listed above. In an emergency, if camp personnel are unable to contact me, I hereby give permission to the BCPS OEC to secure emergency medical and surgical treatment as well as routine, non-surgical medical care for my minor child while in camp. I give my permission for authorized personnel to transport my child to an accredited hospital for diagnosis by a licensed physician. 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 for any other purpose without express consent of a parent or guardian.

Signature (must be parent or legal guardian)

(date)

Witness if needed

(date)