

# 2018 Summer Science Camps

## Medical Information, Hold Harmless and Tee Shirt

Return to: Everett Parks and Community Services, 802 E. Mukilteo Blvd, Everett WA 98203

**RETURN to RECREATION OFFICE by Thurs, June 21, 2018**



This form **must be signed by a parent or guardian**. The information will be used to assist the staff in meeting your child's needs.

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Camper Age: \_\_\_\_\_  
 \_\_\_\_\_ First \_\_\_\_\_ Last  
**Eco Systems July 16-20**  **Water Science July 23-27**  Male  Female  New Camper  Returning Camper   
 Parent/Guardian: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Camper Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_  
 EMERGENCY CONTACT (if not able to reach parent/guardian)

Name	Relationship
Home Phone: (____) _____	Work Phone: (____) _____

Please list anyone other than those named above who may pick up your child from camp. **(Only those named on this form will be allowed to leave with your child unless you personally speak to a staff member and leave a written permission slip.)**

Name	Relationship	Phone

**Medication**

Participants must be able to take their own medication while at Camp. **If medication is required during Camp hours, a Medication Information and Waiver Form must be signed and returned.**

Send me a copy of your medication policy and Medication Information and Waiver Form.  Yes  No

Please **list all** meds camper is **currently** taking:

Medicine type: \_\_\_\_\_ Dosage and **times** taken: \_\_\_\_\_  
 Does medicine create side effect? Yes:  No:  If Yes, please explain: \_\_\_\_\_  
 Medicine type: \_\_\_\_\_ Dosage and **times** taken: \_\_\_\_\_  
 Does medicine create side effect? Yes:  No:  If Yes, please explain: \_\_\_\_\_

ALLERGIES (Pollen, Insect, Drug, Food, etc.)

List: \_\_\_\_\_  
 Reaction: \_\_\_\_\_  
 Treatment: \_\_\_\_\_

**General Questions**

Does/has the camper:	Yes	No	Does/has the camper:	Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	2. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	4. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
7. Vision or hearing impaired?	<input type="checkbox"/>	<input type="checkbox"/>	8. Is your child at risk of harming self or others?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, noting number of the questions or add any other relevant medical information: :  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Special Interests**

Can camper swim? Yes  No  (We will be wading only, please send or request a lifejacket for your child if you feel it is needed) :

What are child's favorite activities?  
 \_\_\_\_\_  
 \_\_\_\_\_



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Additional comments and important information (helpful suggestions about interests, difficulties, etc.).

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What do you expect your child to gain from this camp experience?

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Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_ City \_\_\_\_\_

**Summer Science Camp T Shirt Size Please Check one**

Size:  Yth Medium  Yth Large  Adult Small  Adult Medium  Adult Large  Adult XL



**HOLD HARMLESS**

To the fullest extent permitted by law, in consideration of the City of Everett granting my child the opportunity of attending or participating in Everett Parks Recreation Programs for the purpose of leisure enjoyment; and recognizing the fact that no benefits are derived by the City of Everett by allowing me/my child to attend or participate, I hereby release and hold harmless the City of Everett, its officers, employees, agents and volunteers from any and all liability claims, damages, costs, and expenses for both personal injury and/or property damage which may arise as a result of my child's participation in the program. I agree to assume all risks associated with the program. In case of any emergency, and you are unable to contact me/us and/or you believe it is necessary to obtain the services of a doctor and/or hospital without first contacting me/us, I hereby authorize you and my doctor or hospital to immediately render all services and treatment deemed necessary at my/our expense. I believe this child is not at risk of harming him/herself or others while in attendance in this day camp program.

I certify that the above information is true, correct, and complete. I understand that my child may become ineligible for any misrepresentations, falsifications or omissions in the above statements.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release printed above.

★ \_\_\_\_\_  
Signature of Parent/Guardian Date

**PHOTO/VIDEO RELEASE:** I hereby grant permission and authorize the City of Everett to use, publish, copyright, and re-publish my photography of my child's photograph/video, in whole or in part, unchanged or modified, in all media that exists now or later, for purposes of promoting, describing and advertising City facilities and events and programs sponsored by the City of Everett. I also release and waive any and all claims against the City for such use, publication and re-publication.

I have read, understood, and voluntarily accepted the conditions of the Photo/Video Release printed above.

★ \_\_\_\_\_  
Signature of Parent/Guardian Date

**REGISTRATION NOT VALID WITHOUT SIGNED WAIVER**





## Everett Parks & Community Services Camp Medication Information and Waiver

Participant Name \_\_\_\_\_

**If the participant** requires medication prescribed for daily or regular administration **during the day at Adventure Camp** please complete the following information:

### Medication:

Type	Dosage	Time	Medication must be given within:	Special Instructions/side effects/precautions
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	

I understand and agree to follow the City policies:

1. I have informed the City of all medication, which I will be taking during the program, the side effects of the medication and what first aid would be appropriate.
2. The staff may take custody of the medication, but I am still responsible for my own medication. **I will provide the medication packaged in prescription packages, labeled by a pharmacist. The label shall include the participant's name, physician's name and phone number, dosage amount, time taken, name and phone number of the pharmacy. Only medication for one day at a time will be brought to camp at once.**
3. I acknowledge that the instructions on the pharmaceutical container are accurate. Furthermore, I agree to allow the City of Everett staff to assist, if necessary in the administration of my medication. I acknowledge that no medical staff will be provided and staff will not make any decision about dosage of medication.
4. I understand that the City relies on the **accuracy and the completeness** of this information.

On behalf of \_\_\_\_\_(name) and myself as parent or guardian, and heirs, executors and personal representatives of both, I release the City of Everett, its officers, employees, and agents, from any and all claims for injuries or damages of any kind that \_\_\_\_\_(name) or I may suffer in connection to the administration of, or failure to administer, such medication.

\_\_\_\_\_  
Signature (legally responsible person)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day Time Contact (print)

\_\_\_\_\_  
Day Time Phone

\_\_\_\_\_  
Alternate Contact

\_\_\_\_\_  
Day Time Number