

ELACHEE EXPLORERS
EMERGENCY, MEDICAL AND PICK-UP AUTHORIZATION

Information must be completed in full, signed, and returned before your child may attend the Elachee Explorers program. Elachee does not provide insurance – please indicate medical insurance information in the space provided. Elachee reserves the right to ensure the safety of children and staff and to discontinue attendance of individuals if necessary.

Name of Camper _____ List Dates attending _____

Home Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone# _____ Cell Phone# _____

Name of Mother's Employer _____ Work Phone# _____

Father's Name _____ Home Phone# _____ Cell Phone# _____

Name of Father's Employer _____ Work Phone# _____

Alternate Emergency Contact Person _____ Work/Home/Cell# _____

Child's School _____ Entering Grade _____

Birthdate _____ Age at camp _____ Sex: Male/Female Height _____ Weight _____

MEDICAL INFORMATION

Insurance Company _____ Policy Holder _____

Relationship to Child _____ Policy Number _____

Doctor's Name _____ Phone _____

YES

NO

- | | | |
|-------|-------|--|
| _____ | _____ | Does your child have any allergies? |
| _____ | _____ | Has your child ever had an allergic reaction to an insect bite, bee sting, etc? If yes fill out Medication Permission Form with instructions for treatment and provide appropriate medication. |
| _____ | _____ | Has your child ever had a seizure? |
| _____ | _____ | Any recent operations, illness or exposure to infectious diseases? |
| _____ | _____ | Is your child taking any medications? If so, please describe below, discuss with counselor and fill out a Medication Permission form if medicine is to be administered during camp hours. |

Date of last tetanus inoculation _____

If you answered "YES" to any of the questions above, please give full details here:

Elachee Explorers Staff is dedicated to providing the best possible experience for your child. Is there anything else you would like us to know about your child – special needs, fears, etc.?

PICK-UP, PHOTO AUTHORIZATION

Please provide the names of all individuals authorized by you to pick up your child (include parents, relatives and carpool friends)

List anyone NOT authorized to pick up your child _____

Capturing photos of the children in activities is a standard practice. May we have your permission to include your child in these photos? YES _____ NO _____

In the event I cannot be reached in an emergency, I hereby grant permission to the physician selected by Elachee Nature Science Center to hospitalize, obtain medical records, secure proper treatment for, and order injection, anesthesia, or surgery for my child/ward if necessary. I understand that all health expenses will be the responsibility of the parent/guardian and hereby grant permission to Elachee to give necessary health insurance information to the physician selected. My signature below indicates that I have read and understand the procedures outlined on this health form as well as the enclosed parent letter and the covenant not to sue form.

Signature and Date _____