



## For-Mar Nature Day Camp Health History & Release Form

*Please fill out ONE form for each child  
The information in this form does not affect the camper acceptance process.*

Group: \_\_\_\_\_ Week(s): \_\_\_\_\_ Camper Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Camper Home Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Parent/Guardian(s) with legal custody to be contacted, in case of illness or injury:  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Additional Emergency Contacts:  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Allergies:** (check one)     Yes, this child has allergies     No, this child has no known allergies  
 If yes, please list each allergy and the reaction: \_\_\_\_\_  
 \_\_\_\_\_

**Diet/Nutrition:** (check one)  
 This camper does not have special dietary needs.  
 This camper has special dietary needs, such as: \_\_\_\_\_  
 \_\_\_\_\_

**Doctor/Health Insurance:**  
 This camper is covered by family health insurance:    Yes    No  
 Subscriber Name: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Health Insurance ID #: \_\_\_\_\_  
 Preferred Hospital (If Possible): \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**Immunizations:**  
 My child is up to date on immunizations:    Yes    No

**Authorization for Health Care:**  
 This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/ or an examining physician. I give permission for For-Mar Nature Day Camp to provide care to my child based on their Health Service Policy. I give permission to For-Mar Nature Day Camp to secure proper emergency medical treatment, surgical treatment, and routine non-surgical medical care, related to the health of my child.  
 I understand the information on this form will be shared on a "need-to-know" basis with camp staff. I give permission to photocopy this form.  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

**General Health History:** (Check Yes / No , if Yes explain below.)

Has/does the camper:

Fainting/Dizziness	Yes / No	Glasses/Contacts	Yes / No
Chronic/Recurrent Illnesses	Yes No	Back/Joint Problems	Yes / No
A Recent Injury	Yes No	Skin Conditions	Yes / No
Asthma/Shortness of Breath	Yes No	Seizures/Epilepsy	Yes / No
Hypoglycemia/Diabetes	Yes No	Headaches	Yes / No
Other: _____			

Explain: \_\_\_\_\_  
\_\_\_\_\_

**Mental, Emotional, and Social Health:** (Check Yes / No , if Yes explain below)

*Note: This information is confidential, and is only to ensure adequate accommodations are made for each camper. This information does not affect the camper acceptance process.*

Has/does the camper have:

Attention Deficit Disorder (ADD)	Yes / No
Emotional or Behavioral Difficulties	Yes / No
Attention Deficit Hyperactivity Disorder (ADHD)	Yes / No
Eating Disorder	Yes / No
Speech Impairment	Yes / No
Autism	Yes / No
Aspergers Syndrome	Yes / No
Hearing Impairment	Yes / No

Other/ Explain: \_\_\_\_\_  
\_\_\_\_\_

In the past 12 months, had a significant life event that continues to affect the camper's life: Yes / No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Medications being taken:**

Please list ALL medications (including both prescription and over-the-counter drugs) taken routinely by the camper. When you check your camper in, bring enough medication to last during camp. **ALL MEDICATIONS MUST BE SUBMITTED IN THEIR ORIGINAL PACKAGING/BOTTLE** that includes the prescribed patient and prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Attach additional pages for more medications or additional information.

\_\_\_\_\_ This camper does NOT take medications on a routine basis.

\_\_\_\_\_ This camper does take the following medications on a routine basis:

*If you listed yes for medication during camp hours, staff will reach out with additional medication forms.*

Medication: \_\_\_\_\_

Will this medication need to be taken during camp hours? Yes / No

Medication: \_\_\_\_\_

Will this medication need to be taken during camp hours? Yes / No

Medication: \_\_\_\_\_

Will this medication need to be taken during camp hours? Yes / No

Please list any other non-routine medications (i.e. Cough Drop, TUMS etc.): \_\_\_\_\_  
\_\_\_\_\_

**Sunscreen/Bug Spray Policy:**

By circling YES below, I give permission for For-Mar Nature Day Camp to assist my child with the application of sunscreen throughout the day. Sunscreen will not be applied to broken skin, or if a skin reaction has been observed.

**Spray Sunscreen**    Yes    No    **Bug Spray**    Yes    No    **Tecnu (for Poison Ivy)**    Yes    No

\_\_\_\_\_ My child will bring and use their own items. (All items must be labeled with camper's name)

\_\_\_\_\_ The Parks Does **NOT** have permission to use:(Check)      Sunscreen      Bug Spray      Tecnu

**Additional Information:**

Please use the space below to provide us with any information that will help your camper be successful while they're at camp. This can include information pertaining to their social behavior, physical needs, medical or emotional habits. Any information that may affect their participation in camp programs and potential accommodations are useful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT, RELEASE, and INDEMNIFICATION WAIVER**

In consideration of my participation in the event, for myself, my heirs and assigns, and my representative, hereby assume all risk of personal injury or death and property damage, or loss from whatever causes arising, while I am on the premises owned by Genesee County, and release Genesee County, Genesee County Park and Recreation Commission and their officers, agents and employees from any liability therefore, directly and indirectly, and will defend, indemnify, and hold harmless the County, Parks and Recreation Commission, and their officers, agents, and employees from any such liability, whether or not arising out of neglect or will actions, or the failure to act on the part of the County, Parks and Recreation Commission or their officers, agents, and employees. The consideration for my agreement herein is my being allowed to engage in the activity referenced.

The undersigned, on my behalf of myself and the people listed below, do hereby consent to the use by the Commission of our name, photograph(s), likeness, and voice for the use and re-use in conjunction with broadcasting, publicizing, and advertising for the Commission. I further grant the Commission the right to license others to use and reuse the above cited material in the same manner.

\_\_\_\_\_ I allow.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# For-Mar Nature Day Camp

## CAMPER CODE OF CONDUCT

The For-Mar Nature Day Camps goal is for campers to learn how to respect themselves, others, and the natural world around them. To create well rounded individuals for our community, For-Mar Day Camp utilizes positive group connections to build knowledge to be a better steward for the earth. Time in nature will offer multiple opportunities to practice social, emotional, and other practical skills that will have lifelong benefits. To accomplish this, we ask that all participants follow a simple set of behavior guidelines. Campers will be expected to follow the following code of conduct as soon as they arrive at camp.

**PLEASE READ THIS CODE WITH YOUR CHILD AND SIGN AT THE BOTTOM.**

### **While at For-Mar Nature Preserve:**

I will be honest and respectful of my peers, my camp staff, and myself.

I will follow directions and rules at camp.

I will respect property belonging to any other campers, staff members, For-Mar or field trip visited sites.

I will use/practice appropriate conduct and language.

I will stay within the camp boundaries.

I will do my best to ensure that everyone, including myself, has fun at camp!

### **Discipline will be handled in the following manner:**

1. Verbal warning.
2. Quiet time and let the Camp Director know of the behavior issue.
3. Restriction from activity and verbal warning and a visit to the Camp Director.
4. Conference with Camp Director, camper, and Counselor.
5. Phone call with parent/guardian and note home.
6. Child is sent home if they are not actively trying to improve behavior and can return the next day.
7. Suspension from camp.

***Note: Actions deemed harmful to oneself, or another camper are subject to immediate dismissal. No refunds will be issued if a camper is suspended from camp.***

**CAMPER:** By signing this form, I agree to follow the above code of conduct. I understand that more specific rules will be explained to me when I arrive at Camp. I also realize that failing to follow this code will result in disciplinary action by the staff of For-Mar Nature Day Camp, which could include removal from camp.

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Received PARENT/GUARDIAN Handbook**

**PARENT/GUARDIAN:** By signing this form, I assert my understanding that should my child require transportation from their camp program due to illness, behavior problems, or other reasons, I will be required to provide transportation in a timely manner as designated by camp administration. Also, by signing this form, I am acknowledging that I read this code of conduct with/to my child, and they understand its importance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_