



City of Ann Arbor
Parks & Recreation Dept.
Summer Day Camps



Health & Emergency Information

Child's Name _____ Child's birth date _____ Session Date(s) _____

Emergency Contacts

If your child becomes ill or injured, camp staff will contact the following persons **in order**. By listing a person below as an emergency contact, you authorize that person to make a decision on medical treatment for your child. Please list yourself, if you wish to be contacted. You may wish to include your child's doctor(s) in the list.

<u>Name</u>	<u>Relationship</u>	<u>Home #</u>	<u>Work #</u>	<u>Cell #</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Health History

Please give details of any special medical considerations for your child, including medications, allergies, etc. If your child has serious or dangerous allergies, please describe typical physiological reactions and course of treatment. *Please note: if your child needs to take prescription or non-prescription medicine while at camp, then the parent/guardian will need to fill out a Medication Authorization Form when the child is dropped off at camp. All medicine must be in its original container.*

Do you carry family medical/hospital insurance? _____ Health Carrier _____
Policy/Group# _____

Please indicate any medical treatment your child has had in the past year.

<u>Date</u>	<u>Injury/condition</u>
_____	_____
_____	_____

Record of child's immunizations:

<u>Date</u>	<u>Immunization</u>	<u>Date</u>	<u>Immunization</u>
_____	Measles	_____	DTP/DT/Td
_____	Mumps	_____	Mumps
_____	Rubella	_____	Other

In order to provide the best camp experience possible, please provide any additional information about your child's behavior or physical, emotional, or mental health that camp staff should be aware of, e.g. shyness, autism, Asperger's syndrome, ADD/ADHD, etc. Also, please let us know if your child does not speak English fluently.

If your child requires special accommodations, we must know at least two weeks in advance. Also, we encourage you to call and discuss with camp staff, so that we can be prepared to provide the *best camp experience possible*.

Restrictions

Dietary

None No red meat No pork No eggs No poultry No seafood No dairy products
 No peanuts/peanut products Other (describe) _____

Activities

Explain any health restrictions on activities (i.e. necessary adaptations or limitations) _____

I have read this entire document and assert that the information that I have provided is correct and complete to the best of my knowledge, and that my child is healthy enough to engage in all camp activities except as noted. I further agree to notify camp staff if my child is exposed to any communicable diseases in the two weeks before or at any time during camp attendance.

I hereby grant permission to the City of Ann Arbor Parks Department staff to perform basic first aid on my child and secure or administer other such emergency medical treatment as staff deem necessary. I understand that in case my child becomes ill or injured, emergency contact persons will be called immediately for their decision on medical treatment. If the emergency contacts listed are not immediately reachable, or if in the opinion of City staff the situation requires emergency action, City staff will use their judgment as to what medical treatment is appropriate. I agree not to hold the City responsible for the cost of emergency medical treatment rendered.

I understand that the City of Ann Arbor Parks and Recreation Department staff occasionally take pictures to promote Parks Department programs in promotional materials, such as brochures, fliers, display boards, videos and/or slide presentations. I hereby agree to allow my child to be photographed for this purpose. I understand that if I do not wish to allow my child's photograph to be used for this purpose, I must submit a request in writing.

Signed: _____ Date: _____
(Parent or Guardian)

This form may be copied and submitted for any Ann Arbor Parks & Recreation day camp your child participates in this year.