



## Camp Emergency Contact, Health, Waiver and Release Form rev. 5-01-18

One form per child serves all camp sessions. **Original signatures are required.** The completed Camp forms must be received soon after registration or at the latest, one week prior to the camp session and can be mailed to:

Sloane Pielli  
Sci-Tech Discovery Center  
8004 North Dallas Parkway, Frisco TX  
75034

sloane.pielli@scitechdiscovery.org

NAME OF PARTICIPANT		AGE ON THE FIRST DAY OF CAMP	
_____			
_____			

  

Address	City	State	ZIP
_____			

Our primary means of communication with you is through phone. Please provide all phone number that you'd like to receive notifications:

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List ALL camps your child is attending.

PROGRAM, SESSION DATE:	_____
PROGRAM, SESSION DATE:	_____
PROGRAM, SESSION DATE:	_____
PROGRAM, SESSION DATE:	_____
PROGRAM, SESSION DATE:	_____

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**Contacts for Emergencies and Camp Cancellations:**

***Persons listed must be reachable during camp hours.*** List contacts in order of who to contact first.

- |          |               |                        |
|----------|---------------|------------------------|
| 1. Name: | Phone Number: | Relationship to child: |
| 2. Name: | Phone Number: | Relationship to child: |

**Persons Authorized for Child Pick-Up (in addition to emergency contacts listed on previous page)**

Camp staff will not release your child unless proper photo identification is shown daily by the persons listed. Print clearly and remember to include yourself if you plan to pick-up your child from camp.

- 1.
- 2.

**MEDICAL INFORMATION and SPECIAL CONSIDERATIONS**

*Check any that apply to your child. With awareness of your child's needs, staff may be able to modify activities and techniques for inclusiveness prior to the start of the camp.*

- No specific medical or behavioral condition
- Food allergies – please specify \_\_\_\_\_
- Non-food allergies –please specify \_\_\_\_\_
- Any physical, emotional or behavioral conditions, including cognitive, LD, ADD, ADHD, or autism requiring medication, treatment, special restrictions or considerations while at camp– Please specify \_\_\_\_\_

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◆ List triggers, signs or symptoms for these conditions:

◆ What techniques do you recommend in managing your child's behavior:

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List activities from which the camper should be exempted for health reasons or require special accommodations:

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*Please note that it is your responsibility to supply any necessary medical equipment that relates to a specific medical condition.*

**Medications:** Camp staff are not trained or licensed to administer medications. They can supervise your child taking their medication themselves. All medications must be given to the Camp Director at Check In with a written action plan.

HEALTH INSURANCE / PHYSICIAN

Insurance Company

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Policy/Group Number

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Participant ID Number

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Physician's name

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Office Phone Number \_\_\_\_\_

Date of last Tetanus shot (mm/dd/yyyy) \_\_\_\_\_ Immunizations: Are the child's immunizations current?  Yes  No

**Past Medical Treatment:** Please list any major medical treatment within the last year:

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**Notification:** When you want to be notified for *minor* injuries (e.g. scrape, non-allergic bee sting, bloody nose, sliver) that do not limit participation?  immediately  at camper pick up

**Permission to Secure Treatment**

*Camp staff are certified in First Aid, CPR, AED, EpiPen and asthma inhaler assistance. They will take whatever emergency medical measures are deemed necessary for the protection and safety of the camper within their training.*

In the event of any emergency, I authorize the Sci-Tech Discovery Center to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility if I am unable to be reached first.

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SIGNATURE OF PARENT OR GUARDIAN

DATE

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PRINTED NAME



## Photo & Release

### Photography Release

I give permission for my child's picture to be used in advertisements for Sci-Tech Discovery Center.

I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

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SIGNATURE OF PARENT OR GUARDIAN

DATE

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PRINTED NAME