



Camp Emergency Contact, Health and Release Form rev.5-14-2020

One form per child serves all camp sessions. The completed form must be received soon after registration or at the latest, one week prior to the camp session and can be sent to:

*Sci-Tech Discovery Center
8004 North Dallas Parkway
Frisco TX 75034*

or emailed to camp.admin@scitechdiscovery.org

CAMPER INFORMATION

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:

-
-
-

List ALL camps your child is attending.

PROGRAM, SESSION DATE: _____

PROGRAM, SESSION DATE: _____

PROGRAM, SESSION DATE: _____

PROGRAM, SESSION DATE: _____

PROGRAM, SESSION DATE: _____

EMERGENCY CONTACTS

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: |

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 _____

◆ List triggers, signs or symptoms for these conditions:

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

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

Policy/Group Number

Participant ID Number

Physician's name

Office Phone Number _____

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

Please list any major medical treatment within the last year:

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. I will not hold the Sci-Tech Discovery Center responsible for personal injury, death, or loss of property.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINTED NAME

PHOTO RELEASE

I give permission for my child's picture to be used in marketing and social media for Sci-Tech Discovery Center.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINTED NAME

COVID-19 UPDATES

I have read, fully understand and agree to comply with the attached Sci-Tech Discovery Center Covid-19 Policies for Summer Camps.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINTED NAME