



**Allens Lane Art Center – Summer Art Camp 2015
CAMPER INFORMATION FORM**

Even if you have already filled out our basic camp application form, please fill out this form and return it to Allens Lane Art Center by June 15, 2015. If any of this information changes during our summer camp session, please notify Allens Lane Art Center.

Child's Name _____ Date of Birth _____

Age on June 23, 2015 _____ Grade in School in September, 2015 _____

Address _____

Child's Home Phone _____

Mother _____ Home Phone _____

Work Phone _____ Cell Phone _____

E-mail _____

Address if different _____

Father _____ Home Phone _____

Work Phone _____ Cell Phone _____

E-mail _____

Address if different _____

Other Contact _____ Home Phone _____

Work Phone _____ Cell Phone _____

In the event you cannot pick up your child, please name two people who are authorized to do so:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

ADDITIONAL CAMPER INFORMATION

What are you child's interests and favorite activities?

Are there any characteristics of your child that the camp staff should be aware of?

PHOTO USE PERMISSION

Allens Lane Art Center Association gathers images throughout the year of it's constituents in an effort to tell the story of our organization and our mission. We appreciate your cooperation and consent in allowing us to photograph you and your child for our use in various mediums. You have our assurance that these images will be used only for official purposes and with the respect and consideration to which you are entitled.

I, _____, hereby voluntarily and without compensation grant permission to Allens Lane Art Center Association for full use, without restriction of any kind, of the photographic/video image(s) taken of me or my child, or of anyone for whom I have legal responsibility, on this date, for any official publication, presentation, exhibit, video, or other print or digital format. I further grant to the Allens Lane Art Center Association full rights to republish, without time restriction, these images in future publications and reports.

Signature of Parent or Guardian

Date

I agree to have my child participate in all camp activities.

I do not wish to have my child participate in:

Signature of Parent or Guardian

Date

HEALTH INFORMATION

Child's Name _____

All children attending this camp must have proof of a complete physical exam within the last 12 months. Please have your child's physician send a signed letter of proof with a copy of the physical examination report to Allens Lane Art Center by June 15, 2015.

Child's Physician _____ Phone _____

Does your child have health insurance coverage right now? CHECK ONE ANSWER

1 _____ Yes, Insurance Company, HMO, etc.

Name of Insurer _____

Policy Number _____

Group Number _____

2 _____ Yes, Medical Assistance

Medical Assistance Contact Information _____

3 _____ No, we do not have coverage

4 _____ Yes, we have coverage but it does not include physical exams

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Signature of Parent or Guardian

Date

ALLERGIES

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES List all known. Describe reaction and management of the reaction.

Medication allergies (list)

Food Allergies (list)

Other Allergies (list)

SPECIAL HEALTH INFORMATION

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

RESTRICTIONS

Dietary, circle all that apply

Does not eat red meat

Does not eat pork

Does not eat eggs

Does not eat poultry

Does not eat seafood

Does not eat dairy products

Other (describe) _____

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary).

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. All medications, including over-the-counter/nonprescription, must be turned in to the Assistant Director at registration.**

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Identify any medications taken during the school year that the participant does/may not take during the summer:

Attach additional pages if needed.