



# Camp Medical and Release Form

Complete and return **before** your child's camp program.  
One form per child is required to participate in camp.

The information on this form is not part of the camper or staff acceptance process but is gathered to assist us in identifying appropriate care. Provide complete information so that the staff can be aware of your child's needs. Any changes to this form should be submitted to camp personnel upon participant's arrival in camp.

Camper's- First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Birth date \_\_\_\_\_ Current Grade \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents'/Guardians'- First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ Cell # \_\_\_\_\_  
(If different from above)  
 Email \_\_\_\_\_ Home # \_\_\_\_\_

Parents'/Guardians'/Emergency contact- First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ Cell # \_\_\_\_\_  
(If different from above)  
 Email \_\_\_\_\_ Home # \_\_\_\_\_

Emergency contact- First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ Cell # \_\_\_\_\_  
(If different from above)  
 Relationship \_\_\_\_\_ Home # \_\_\_\_\_

## Important—This box must be completed for attendance

I, the undersigned, hereby give permission for my child to participate in all activities (unless otherwise specified) and assume all risks and hazards incidental to the program. I also hold harmless Tenafly Nature Center, its staff and appointed assistants. I, also understand and agree to abide by any restrictions placed on my participation in camp activities.

Parent/Guardian Authorizations: This health history and any attached forms are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to Tenafly Nature Center to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the staff to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the staff to secure and administer treatment, including hospitalization, for the camper named above. This completed form may be photocopied.

**Signature of parent or guardian or adult camper/staffer** \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Special needs**– List any which the staff should be aware of (medical, emotional, learning)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allergies**- Include medication, food and others (insect stings, hay fever, asthma, animal dander, etc.)  
 List all known \_\_\_\_\_ Describe reaction and management of the reaction. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Restrictions** (The following restrictions apply to this individual).  Kosher  Vegetarian  
 Does not eat:  Meat  Pork  Dairy products  Wheat  Peanuts  Eggs  Other \_\_\_\_\_  
 Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medications**

Please list ALL medications (including over-the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire 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.

This person **takes NO medications** on a routine basis. OR 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 \_\_\_\_\_

Attach additional pages for more medications.

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

**Photo Release**

I hereby grant Tenafly Nature Center Association permission to use my child’s likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Tenafly Nature Center Association, in perpetuity, and for other use by the Nature Center. I will make no monetary or other claim (whether for breach of privacy or otherwise) against Tenafly Nature Center Association for the use of the photograph(s)/video for educational or marketing purposes.

Child’s Name (print full name) \_\_\_\_\_

Parent/Guardian’s (print full name) \_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_

Relation to camper \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Alternate Pickup form**

Name of camper (print full name): \_\_\_\_\_

I hereby notify Tenafly Nature Center Association that on the following dates the following authorized people will be picking up my child from camp at the appropriate time.

Please print

Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Parent/Guardian’s: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_