



**City of Ann Arbor
Parks & Recreation Dept.
Summer Day Camps
Health & Emergency Information**



Child's Name _____

Camp (circle one):

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

ARGO GALLUP FULLER BUHR LESLIE

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.

Name	Relationship	Home #	Work #	Cell #
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.

Date	Injury/condition
_____	_____
_____	_____

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 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 assume all risk, individually and on behalf of my child, and agree to indemnify and hold the City harmless from liability for illness, bodily injury, and property loss or damage resulting from City staff administering first aid to my child. I agree to indemnify the City for all costs, damages, and expenses incurred by the City as a result of City staff administering first aid to my child or as a result of an action or claim brought against the City arising out of City staff's administration of first aid to my child.

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.

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.