

Paradise Gardens
Kids Kamp

HEALTH FORM AND CONSENT TO MEDICAL TREATMENT

Kids Kamp 6/22/15 – 6/26/15

Please read and complete both sides of this sheet and return **immediately** to the Office at Paradise Gardens, 6100 Blue Rock Road, Cincinnati, OH 45247. It is **extremely** important that our staff have these forms in time to review them **before** the program begins.

Our policy prohibits staff from administering or carrying medication for campers, so please be sure your child knows the proper way to carry and use his/her inhaler, epi-pen, or other medication.

******Please be sure that all telephone numbers are legible, indicate if cell and which # to call 1st.******

Child's full name _____ Gender: M F Birth date _____

Nickname or name child prefers to be used: _____

Address _____ Telephone _____ (Cell?)
Street City State Zip

Email: _____

In case of emergency, call: _____ Telephone _____

Father's name _____ Mother's name _____

Pediatrician/Family Physician _____ Telephone _____

Date of last physical examination _____ By _____ Telephone _____

1. Immunization record (check): DPT (diphtheria, pertussis, tetanus) _____ MMR (measles, mumps, Rubella) _____
Polio _____ Last tetanus within 10 years, yes no

2. Known or suspected allergic reactions:
a) Antibiotics or other medications (specify) _____
b) Asthma (please describe severity) _____
c) Environmental agents (circle all that apply): dust molds pollen cats dogs horses other:
d) Insect bites, bee, wasp or hornet stings (describe) _____
e) Poison ivy _____ f) Food (please list and describe): _____
g) Shellfish allergies _____ May be induced when eating insects such as cicadas.
h) Other _____ i) NO KNOWN ALLERGIC REACTIONS

Does your child require medication for any of these allergic reactions? _____ Explain: _____

3. Please list any medications (other than those mentioned above) that your child may be taking: _____

4. General Health Status. For each item, indicate "none" or give brief description (use "Comments" section), as needed.

- a) Recent surgery/illness _____ d) Nervous habit _____
b) Broken bones _____ e) Emotional _____
c) Headaches/seizures/convulsions _____ f) Other limiting conditions _____

Comments _____

5. What other characteristics about your child would it be helpful for us to know about (interests, talents, fears, social skills, etc.)? _____

CONSENT:

IN CASE OF ANY CONDITION REQUIRING MEDICAL TREATMENT, I hereby authorize Paradise Gardens personnel to obtain medical treatment, hospitalization, medication, injections, anesthetic or surgery for the child named above when such treatment or hospitalization is considered necessary in the opinion of a licensed physician.

Further, I hereby agree to pay for the medical treatment authorized above. I do/I do not carry medical insurance with:

Carrier _____

By: _____
signature Mother () Father () Legal Guardian ()

Policy Number _____

Date: _____

(Please read and sign other side.)

Paradise Gardens YOUTH PROGRAM RELEASE FORM

Some of the usual activities in which children participate during the Kids Kamp programs can include, but are not limited to:

Organized exploration of the outdoors (including, but not limited to, walks and trips to woods, Bass Lake, and other natural areas for educational purposes).

Animal handling (with contact including, but not limited to, captive non-venomous snakes, frogs, salamanders; free-living animals such as crayfish, fish, frogs, turtles, insects; and occasionally dogs and other domestic animals used in demonstration programs).

These activities can, by their nature, pose some risk to the participants, including, but not limited to, physical or emotional stress, physical risk and exposure to environment or contact allergens (dust, mold, pollen, animals, poison ivy, grasses, and insect bites and stings, among other things). On very rare occasions non-venomous snakes may bite. It is important to note that some of these risks are in addition to the usual risks attendant to summer camp experiences.

Therefore, our staff needs to be informed of any and all physical, emotional, developmental, learning, or health limitations of which you are aware that might place your child at greater than normal risk during participation in this program. Thus, it is incumbent upon you to complete the reverse side of this page thoroughly, clearly, and thoughtfully.

CONSENT AND RELEASE:

I have read, or had explained to me, and understand the preceding paragraphs and have completed the health form on the reverse side of this page to the best of my knowledge. I consent to allow my child, or to engage myself, in activities of the type mentioned above and agree to assume the reasonable risk of participation in these activities. Further, in consideration of being permitted to participate in the Paradise Gardens Kids Kamp, I hereby release and waive individually and on behalf of my child any and all claims, demands, and causes of action which either of us now has, or may in the future have, against the Paradise Resort Inc, its members, representatives, officers, agents, employees, or volunteers, for any bodily injury, including death, and/or damage to property, however caused, including by negligence, resulting from, or arising out of, or in any way connected with the program.

Minor's Name: _____

By: _____
Parent (father) or Legal Guardian

Date: _____

By: _____
Parent (mother) or Legal Guardian

Date: _____

Name of person dropping off child in morning: _____

Relationship to child: _____ Paradise Gardens Member Y N