



CAMPER HEALTH AND INFORMATION FORM



Aspen Hill Club 2024 Summer Camps

INSTRUCTIONS: Please fill out this form completely and accurately. Be sure to attach all required additional forms for medication. Forms are also available online at www.aspenhillclub.com.

CAMP INFORMATION

CAMP NAME:

CAMP DATES:

CAMPER INFORMATION

CHILD'S NAME:

Sex:
M or F

AGE:

DOB:

STREET ADDRESS:

CITY&STATE:

ZIP:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN NAME:

MOBILE PHONE:

MOBILE PHONE:

HOME PHONE:

HOME PHONE:

EMAIL:

EMAIL:

CAMPER PICK-UP INFORMATION

My child may be released to the care of the following people (include yourself):

1. Parent/Guardian Name:

Phone (during camp hours):

2. Parent/Guardian Name:

Phone (during camp hours):

3. Parent/Guardian Name:

Phone (during camp hours):

4. Parent/Guardian Name:

Phone (during camp hours):

I release my child, _____ to the care of the individuals listed above. I understand that each authorized person must be at least sixteen (16) years old, and that my child will not be permitted to leave with anyone not listed above. These individuals must show identification and sign my child out each day.

SWIMMING AUTHORIZATION FORM

Swimming is part of our Kids' and Champion's Summer Camps. All campers will be tested on swimming skills, strength, and endurance on the first day of each session. All campers must be able to hold their breath under water, or tread water for 30 seconds, and must be able to swim 25 meters without a life vest. All campers unable to pass the swim test will be permitted to swim on the Entrance Ramp with close supervision according to their height.

_____ No, do not allow my child to swim. _____ Yes, my child is allowed to swim.

Parent/Guardian Signature: _____ Date: _____

CAMPER HEALTH AND INFORMATION FORM (CONT.) FOR: _____
(CHILD'S NAME)

RELEASE OF CAMPER AT THE END OF PROGRAM

My child, has permission to drive home from camp or sign themselves out from camp. ___ NO ___ YES
I understand my child **will no longer be supervised** once they are signed out.

Parent/Guardian Signature: _____ Date: _____

HEALTH INFORMATION

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?
___ No
___ Yes, and youth camp participation was discussed with the camper's healthcare provider including considerations related to risk of COVID-19.

Explain health problems and any considerations:

Camper Doctor's name and phone number:

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?
___ No

___ Yes, Explain:

IF camper takes medication during camp hours or brings an emergency medical device, such as an epi-pen or asthma inhaler, you must fill out a Medication Administration Authorization form. Forms are available on our website and at the Club.

IMMUNIZATION INFORMATION (Must list current residence on form)

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objections or medical contraindication?
___ No ___ Yes, List: _____

For Campers who reside **outside** the United States, a United States territory, or the District of Columbia:
Attach record of vaccination or immunity on Department form MDH-896.

EMERGENCY CONTACTS

Please list two (2) emergency contacts, in case of emergency if parent/guardian is not reachable.
Note: Please remember to notify the person you have listed as contacts.

Name:	Phone (during camp hours):
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Name:	Phone (during camp hours):
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ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE THAT ALL INFORMATION PROVIDED ON THIS FORM IS ACCURATE.

Parent/Guardian Signature: _____ Date: _____

Please attach the signed registration form for the camp that your child/ren are participating in.