

BATTLE CREEK PUBLIC SCHOOLS
OUTDOOR EDUCATION CENTER
10160 SOUTH M-37 HIGHWAY
DOWLING, MI 49050
269 721 8161

SUMMER CAMP REGISTRATION AND HEALTH INFORMATION FORM
(To be completed and signed by a parent or legal guardian)

Name of Camper: _____ M _____ F _____

Birth date: _____ Address: _____

City _____ State _____ Zip _____

Name of School _____ Grade _____ Age _____
(Completed)

Parents/Guardians: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Emergency contacts: (if no one is reached at the above numbers) (In order)

1) _____ Phone: _____

2) _____ Phone: _____

Name of Physician: _____ Phone: _____

Address: _____

Name of Persons, other than parent/s listed above authorized to pick up my child:

1) _____ Phone: _____

2) _____ Phone: _____

GENERAL HEALTH QUESTIONS

1. List any recent injury, illness, or infectious disease that may affect child's participation:

2. List any physical limitations: _____

3. List any ALLERGIES to foods, drugs, bee/wasp stings etc.:

4. Medication Information/Permission is on Page 3 and 4 of this document.

**PLEASE NOTE:
A MEDICATION PERMISSION FORM MUST BE COMPLETED AND SIGNED BY BOTH A PARENT/GUARDIAN AND THE DOCTOR. YOU MUST PROVIDE THE CORRECT MEDICATION. THIS INCLUDES ANY OVER THE COUNTER MEDICATIONS. SEE FORM FOR DETAILS.**

This health history is correct to the best of my knowledge.

I give my permission for my child to attend the camp program and participate in all planned activities. I understand that in case of illness or accident an attempt will be made to contact me at the telephone numbers listed above.

In an emergency, if camp personnel are unable to contact me, I hereby give permission to the Outdoor Education Center, a children's camp licensed by the Michigan Department of Consumer and Industry Services, to secure emergency medical and surgical treatment as well as routine, non-surgical medical care for my minor child while in camp. I give my permission for authorized personnel to transport my child to an accredited hospital for diagnosis by a licensed physician.

I understand that my child will not be released from the camp for any other purpose without expressed written consent of a parent or guardian.

I give permission for my child to be photographed **and** for their photo to be used on promotional media for the camp. No names shall be released and no compensation will be provided.

I have included payment of \$375.00.

I have completed a proof of physical and medication permission form.

I have signed a Challenge/Water Activity release form.

Signature (must be parent or legal guardian) (date)

Send completed forms and payment to the above address. Make check payable to OEC.

MEDICATION INFORMATION

Please Read Carefully

The Outdoor Education Center is part of the Battle Creek Public Schools and we must follow the school and state guidelines for the administration for medication. Therefore, all medications require the permission of a physician and the parent or guardian.

*MEDICATION includes prescription, non-prescription and herbal medication. It includes those taken by mouth, inhaled, injected, suppositories or application (including drops in eyes or nose or creams on skin).

*Definition from MI State Guidelines for Administration of Medications to Pupils at School

In order for your child to receive ANY medication; prescription **or** non prescription while at camp, a MEDICATION PERMISSION FORM must be thoroughly completed and signed by BOTH the parent/guardian **and** child's physician. Please include exact medication name and dosage. This form can be faxed directly to the camp from your physician's office. FAX NO: (269-721-1071)

- All medication must be sent in the original container- no pill boxes please.
- Medicine not sent in the original container cannot be administered.
- Original pharmacy label must be on the prescription medications with your child's name.
- Medication cannot be given if it is expired.
- Medication cannot be combined in one bottle such as putting 5mg and 10mg in the same bottle.
- Cut pills ahead of time, if necessary. We cannot alter medication.

If your child starts a new prescription medication after the Medication form is completed, another Medication Permission Form is available on line at clearlake.org.

NOTE:

Inhalers, epi-pens and glucagon will be carried by our staff unless it is stated on their medication form that they must carry it themselves.

Please contact us ahead of time if your child has **special medical condition** such as diabetes, cystic fibrosis so we may discuss your child's treatment plan while they are at camp.

If you have any questions regarding medications please call the OEC HEALTH OFFICER prior to your child arriving at camp at 269-721-8161 between 8:00AM and 4:00 PM, Tuesday through Friday.



Battle Creek Public Schools
 Outdoor Education Center
 10160 South M-37 HWY
 Dowling, MI 49050
 269-721-8161 FAX: 269-721-1071

MEDICATION PERMISSION FORM For ANY medication

(This includes: Prescription drugs, Over-the-counter drugs, herbal supplements, vitamins, cough drops)

Camper Name: _____ Grade: _____

Date of Birth: _____ School: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

I request that (My Child) _____ receive the listed medications at camp. I understand that the medication will be administered exactly as per the directions of the prescribing physician.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Telephone: _____

Prescribing Physician: _____

Address: _____ Telephone: _____

TO BE COMPLETED BY PHYSICIAN:

Please include exact drug name and mg/ml/mcg (Dosage).

Typical camp med times are meal times- (B, L, D), 4:00pm and Bedtime.

Medications:

- (1) Name of medication: _____
 Dosage: _____ When given: _____
 Reason for Medication: _____
 Special instructions: _____

- (2) Name of medication: _____
 Dosage: _____ When given: _____
 Reason for Medication: _____
 Special instructions: _____

- (3) Name of Medication: _____
 Dosage: _____ When given: _____
 Reason for Medication: _____
 Special instructions: _____

Physical Examination:

The camper named above had a physical exam on _____ and is able to participate in the physical activities of camp. (Date)

Vaccinations:

The camper named above has all current vaccinations.

ORDERS MAY BE FAXED DIRECTLY TO OUR OFFICE AT 269-721-1071

If more space is needed, fill out and sign a second form.

Physician Signature: _____

Battle Creek Public Schools Challenge/Water Activities Release and Assumption of Risk

PLEASE READ CAREFULLY

In consideration of the services of The Battle Creek Public Schools Outdoor Education Center, its owners, agents, officers, employees, volunteers, participants, and all other persons or entities acting on its behalf (hereafter referred to as the BCPS OEC), I hereby agree to release, indemnify, and hold harmless as follows:

I acknowledge that my participation in challenge and water activities at the BCPS OEC is voluntary. I understand there is known risk and unforeseen risk involved, but that such risk plays a key role in challenge and water activities. I elect to participate in the challenge and water activities in spite of such risk.

Risks that may be involved, but are not limited to: slips, falls, rope burns, pinches, scrapes, twists, and jolts, which have the potential for resulting in emotional injury, scratches, bruises, sprains, lacerations, fractures, concussions, paralysis, electrocution, drowning, death, or damage to myself, to property, or to third parties. The location of the activity may place me in contact with plants, animals, or insects, which have the potential of causing stings, allergies, and associated diseases.

I agree to bear costs of any piece of the BCPS OEC's equipment or part of its property that may be damaged or destroyed as a result of not following instructions or improperly using said equipment.

I certify I will be in compliance with all standards, guidelines, and procedures of the challenge and water activities as established by the instructor. I understand that the instructors are knowledgeable and trained in facilitating the challenge and water activities, but they are not infallible or able to foresee all dangers and hazards

I acknowledge that I am in good health and I do not have any medical or physical limitations that would hinder my participation in the challenge and water activities. I also will not be in possession of any weapons while on the BCPS OEC premises.

I am aware that signing this document authorizes the BCPS OEC to secure medical advice and services as deemed necessary for the health and safety of myself, and I agree to accept financial responsibility.

I agree to bear the responsibility of costs myself if the BCPS OEC, or anyone acting on its behalf, is required to incur attorney's fees or costs to enforce this agreement. I agree that if any portion of this agreement is found void or unenforceable, the remaining portion shall remain in full force and effect.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the BCPS OEC from all claims, demands, or causes of actions, which are in any way connected with my participation in the challenge and water activities or my use of the BCPS OEC's equipment or facilities, except that which arises out of gross negligence of the BCPS OEC.

PARTICIPANT NAME: (please print) _____

PARENT/GUARDIAN NAME:(please print)_____

PARENT/GUARDIAN SIGNATURE : _____

DATE: _____