

**Kenai Watershed Forum**  
**FUR, FINS, FEATHERS, FLOWERS & FUN**  
**A Recreational Day Camp**  
**2012 Health Record**

Child Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: M/F (please circle) Ht \_\_\_\_\_ Wt \_\_\_\_\_

**HOW TO REACH PARENT(S) OR LEGAL GUARDIAN**

Parent/Guardian 1 \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name, address, and phone number of contact person if the parents cannot be reached in an emergency:

\_\_\_\_\_

Person(s) authorized to take the child from the camp facility:

\_\_\_\_\_

**HEALTH HISTORY**

Please check below those diseases or conditions that the participant currently has or has had in the past:

Chicken Pox: \_\_\_\_\_ Measles: \_\_\_\_\_ Shortness of Breath, Hoarseness or Asthma: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Hay Fever: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Seizures: \_\_\_\_\_ Heart Disease/Chest Pain/Palpitations: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Insect or other Allergies: \_\_\_\_\_

Blood Disorders/Anemia: \_\_\_\_\_ Chronic Illness: \_\_\_\_\_

Skin Conditions: \_\_\_\_\_ Hospitalizations: \_\_\_\_\_

Surgeries: \_\_\_\_\_ Emotional/Mental Illness: \_\_\_\_\_

Ears/Hearing Problems: \_\_\_\_\_ Eyes/Vision Problems: \_\_\_\_\_

Nervous System: \_\_\_\_\_ Nose/Throat Problems: \_\_\_\_\_

Mouth/Teeth Problems: \_\_\_\_\_ Abdomen-Hernia: \_\_\_\_\_

Orthopedic Problems: \_\_\_\_\_ Headaches, Dizziness, Fainting: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ T.B. vaccination \_\_\_\_\_

Constipation, Diarrhea, Salmonella, Giardia or other intestinal disorder: \_\_\_\_\_

Tetanus \_\_\_\_\_

Any Mental, Emotional, or Physical Disorder not listed above:

\_\_\_\_\_

Please provide us with any details on any of the above conditions we may need to know: \_\_\_\_\_

\_\_\_\_\_

Description of any current health conditions requiring medication, treatment, or special restrictions or considerations while at camp. Please provide us with details:

\_\_\_\_\_

Do you authorize KWF staff to administer the following: sunscreen \_\_\_\_\_, insect repellent \_\_\_\_\_

Is there a special Medical, Dietary regimen that should be continued? Please describe

\_\_\_\_\_

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KWF Day Camp involves young people in active activities in a variety of outdoor settings in all kinds of weather conditions. Safety is our premier concern, but active young people will on occasion find ways to injure themselves. Are there activities which your child should not participate in due to health concerns or parental desires? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" please give details:

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**AUTHORIZATIONS:** My son/daughter/dependent has permission to participate in all camp activities, except as noted by me. I recognize that my child will be participating in active, outdoor programs with other children and that accidental injuries or illness may result. I take full responsibility for any and all accidents and injuries which may be sustained by my child during this activity and understand KWF does not assume responsibility for accidents or injuries which occur. I assume the inherent risks including but not limited to, moose, bear, and inclement weather, and authorize my child's participation. Children will walk to local parks or other nearby destinations. I authorize Kenai Watershed Forum staff members to transport my child in the manner described.

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name and telephone number of individual's physician or health care facility \_\_\_\_\_

**I HAVE READ THIS FORM, AGREE TO ITS TERMS AS NOTED, AND I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

**CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE:** In the rare event of an emergency, I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the participant named above. This completed form may be photocopied for trips out of camp. All information is strictly confidential. I authorize all information for insurance purposes.

It is understood that a conscientious effort will be made to locate me or my child's other parent or legal guardian. I understand my obligation to keep Kenai Watershed Forum informed of my whereabouts. I will assume the cost of necessary medical or surgical care.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**\*YOU MUST ATTACH COPIES OF CHILD'S IMMUNIZATION RECORD\***