

Summer Camp 2009 Confirmation Form

(Please print clearly. Return this form before the camp starts.)

Camper's Name: _____ Male Female Birthday (M/D/Y): ___/___/___ Age: _____

Street Address: _____

City/State/Zip: _____

Parent/Guardian's Name: _____ Home Phone: _____

Father's Name: _____ Work #: _____ Other #: _____

Mother's Name: _____ Work #: _____ Other #: _____

Child Release Authorization

Other person(s) **authorized** to pick up child from camp (your child will be released **only** to the authorized persons on this list; ID will be required at time of pick-up). If you need more room, please write on back:

Name

Phone Number

Health Insurance Information

Insurance Company: _____ Policy #: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital Preference (if any): _____

Emergency Contact

Someone who can reach and/or act for you if you are not available; please inform this person of their responsibility:

Name: _____ Relationship: _____ Number: _____

Street Address: _____ City/State/Zip: _____

Medical History

Any serious injuries, diseases, and operations your child has had:

Allergies:

Animals Pollen Hay Fever Insect Stings Medicines/Drugs: _____

Foods: _____ Other: _____

Current Health Conditions requiring medication: _____

Special Restrictions/conditions: _____

Date of last health examination: _____

I certify that my child's immunizations are up to date. (initial on lines) _____

I give my child permission to participate in all camp activities, including water activities and off-site nature walks and visits to the splash pad at Riverwalk Crossing. Staff with transportation will be on-call at the Aquarium during off-site trips in case of an emergency.

I have read and understand the Day Camp Information Brochure and agree to abide by the policies and procedures it describes. _____

IN CASE OF EMERGENCY

I hereby give permission for my child to receive first-aid care while attending camp. Should it become necessary for him/her to receive professional medical, surgical, or dental treatment, I authorize aquarium personnel to give the necessary "parental consent" in our stead for a licensed physician, surgeon or dentist to administer treatment when they deem necessary including emergency transportation by ambulance, hospitalization, anesthetic, and surgery. I understand every effort will be made to contact me immediately upon discovery of an emergency. I agree to take full financial responsibility for all expenses that might be incurred. This consent is given in advance of any specific diagnosis or treatment required. I further agree to hold harmless the Aquarium Staff and the Jenks Aquarium Authority, its officers, agents, and employees for any claims for damages as a result of any medical treatment rendered or first-aid assistance rendered in good faith.

(Parent/Guardian Signature)

(Date)

Witness: _____

For religious or other reasons, I do not give consent for emergency medical care; I take full responsibility for this action. Attached are instructions to be followed in the case of a medical emergency.

(Parent/Guardian Signature)

(Date)

Witness: _____