

HEALTH INFORMATION

Health information **must** be **completed** and **signed** by parent or guardian!
Please complete for all participants (includes parents and siblings)

This health information will only be shared with the Health Professional at camp and the Camp Director.

Name	Date of Birth	Age
Physician's Name	Physician's Phone	
Insurance Provider	Policy #	
Please list 2 people, other than parent that can be notified in case of an emergency:		
Name	Relationship	Phone
Does he have diabetes, asthma, heart trouble, high blood pressure, seizures, mental or physical disabilities or any behavioral problems? List all that apply:		
List conditions requiring medication.		
All medications must be brought to Medical Officer in original prescription containers on arrival at Day Camp. Please include written dosage instructions.		
List allergies like bee stings; drugs, foods, ragweed, etc.		
Immunizations must be current.		

CONSENT TO TREAT

I acknowledge that the above information regarding the health of my child is correct to the best of my knowledge, and the child described herein has permission to engage in prescribed activities, except as noted above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Day Camp Director to secure proper treatment for said child, including hospitalization, anesthesia, surgery or administer and/or inject medications. In the event of an evacuation, I authorize the designated emergency personnel to transport aforementioned child to an emergency evacuation facility.

SIGNATURE OF PARENT/GUARDIAN

DATE

PHOTO RELEASE

I hereby assign and grant to the Aloha Council, Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations, and/or sound recordings made of me this date by the Aloha Council, Boy Scouts of America, and I hereby release the Aloha Council, Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Aloha Council, Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

SIGNATURE OF PARENT/GUARDIAN

DATE