

Homeschool Outdoor School

Camper Info.

First _____ Last _____

Name as you would like it to appear on their Name tag _____

Birthdate ____/____/____ Gender: Male ___ Female

Has been homeschooled during the 2021 / 2022 school year. Parent / guardian initials: _____

Family information:

Parent(s) or Guardian(s) _____

Street Address _____

Town/City _____ State _____ Zip code _____

Best phone to use: _____ Alternate Phone: _____

Best e-mail to use: _____ Alternate e-mail: _____

Medical Release Information

Insurance Policy Number _____ Name of Health Insurance _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical or discipline problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures). This really helps us care for your child while they are in our care. Anything you are sending with them should be listed on here. Please continue on reverse if necessary.

<u>Medical Problem</u>	<u>Required treatment or meds</u>	<u>Should paramedic be called?</u>
_____	_____	No ___ Yes ___
_____	_____	No ___ Yes ___
_____	_____	No ___ Yes ___

ALL MEDICATIONS, PRESCRIPTION AND OVER THE COUNTER MUST BE TURNED IN TO THE CAMP NURSE AT CHECK IN TIME!

Parent / Guardian initials _____

If you need more room for listing medications or things that the nurse and camp director should know please explain on an additional page and attach to this form.

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

No ___ Yes ___ Explain: _____

___ If you need more space for listing medications or medical condition please check here and also use a separate document and attach to the e-mail when you send this.

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Is your child allergic to any type of food or medication?

No ___ Yes ___ Explain: _____

Does your child require a special diet?

No ___ Yes ___ explain: _____

Does your child have any concerns about being away over night? (Anxiety, bedwetting, etc)

No ___ Yes ___ Explain _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Homeschool Outdoor School will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Full tuition: \$225.00 \$30 early bird discount if registered with \$50 deposit by March 15st, \$15.00 discount if registered by April 15th. Counselors \$165 (no discount). Deadline for registration and full payment is due May 22nd.

Please circle how you heard about Homeschool Outdoor School

Homeschool Conference ___ Website ___ Home-school Co-op ___ Word of Mouth ___ Flyer ___

Other ___ Explain

Photo Release

I hereby give permission for my child to be photographed during the **Homeschool Outdoor School**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation, and that all photos are the property of Homeschool Outdoor School and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Homeschool Outdoor School** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Optional: If someone else will be picking up your child please provide their information here:

Name: _____ Phone: _____

Homeschool Outdoor School and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____ Date: _____