



## Camp Big Fish Medical Release Form

Print and fill out for each Camper and turn in to director with application or at least 3 weeks prior to camp starting.

Participants Name \_\_\_\_\_  
Home Address of participant \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Age at Camp \_\_\_\_\_  
Gender: Male ( ) Female ( )

### Contact 1- Custodial Parent / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Address (if different than  
above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Place of Business \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone # \_\_\_\_\_ Cell / Pager / Other # \_\_\_\_\_

### Contact 2- Second Parent / Guardian or emergency contact

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Address (if different than  
above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Place of Business \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone # \_\_\_\_\_ Cell / Pager / Other # \_\_\_\_\_

### Contact 3- If not available in an emergency, notify

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Business Phone # \_\_\_\_\_ Cell / Pager / Other # \_\_\_\_\_

**Insurance Information-** Is the participant covered by family medical / hospital insurance? YES ( ) NO ( )

**Restrictions-** Explain any restrictions including dietary restrictions and activities from which the participant should be exempted.

\_\_\_\_\_  
\_\_\_\_\_



## Camp Big Fish Medical Release Form cont.

List all allergies below and describe reaction and management of the reaction:

Medication Allergies:

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Food Allergies:

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Other Allergies:

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### Medications Being Taken:

Please list ALL medication (including over-the-counter or nonprescription drugs) taken routinely. This includes all medications that the participant is taking regardless of whether or not they will take medication at camp.

( ) This person takes **NO Medications** on a routine basis or ( ) this person **takes medication** as follows

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_ Will participant take at camp ( ) Yes ( ) No

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_ Will participant take at camp ( ) Yes ( ) No

Attach additional pages for more medications. List any medications taken during the school year that participants does / may not take during the summer.

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## Camp Big Fish Medical Release Form cont.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

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Name of family

physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Important – This section must be complete for attendance.**

Parent / Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment when deemed necessary. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I give permission for my child to have sunscreen applied.

Signature of parent or

guardian \_\_\_\_\_

Printed

Name \_\_\_\_\_ Date \_\_\_\_\_



## Camp Big Fish Disciplinary Policies

Step 1- The child's group leader, or whoever sees the infraction, will talk to the individual privately encouraging a more positive way to act.

Step 2- The group leader has the prerogative to continue to deal with the problem as long as he thinks he can handle the situation.

Step 3- When the group leader feels unable to communicate with the child, the group leader will take the child to the camp director. At this meeting the child will be informed that if the negative activity happens again the parent or guardian will be informed and a meeting of all concerned will occur.

Step 4- Meeting of all parties involved, including a parent/ guardian. Appropriate disciplinary action will be discussed.

Step 5- If the child cannot adhere to the rules at this point, he/ she will be dismissed from camp.

As a parent / guardian, I have read the discipline policy of Camp. I give permission to the camp to use the methods stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I disagree with the above discipline policy and would prefer the following method(s) be applied concerning my child.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Physical punishment will NOT be administered.