

Youth's Name: (Please Print) _____

Health Information – Print all information – All information is confidential

Doctor's Name: _____ Phone (____) _____ Address _____

Dentist Name: _____ Phone (____) _____ Address _____

ADD ADHD Asthma Blindness Diabetes (Type I or Type II)
 Hearing impaired Mobility concerns Physical impairments Other: _____

Food and/or Medical Allergies: _____

Medications (list all medications, strength and dosage)

Name of Medication	Dosage	Purpose	Effect
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any activities applicant may not participate in: _____

My child (or ward) has permission to participate in any and all Camp Fire activities and trips during any and all session(s) and/or program(s) for which he/she is enrolled. I understand some activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants. I will assure that my child is properly prepared for all activities including having proper uniform and equipment, being in good health and willing and able to participate in any and all activities, and willing and able to abide by policies and follow directions of Camp Fire personnel and volunteer Club Leaders. I understand and agree to cooperate with all regulations and procedures, and I waive any claims against Camp Fire and or Misty Meadows Inc. except for claims arising from gross negligence or willful acts of the organization or its agents that may arise from participation in the activities of the organization.

I understand that I will be notified as soon as possible in case of any emergency, unusual illness or injury affecting my child. In the event I cannot be reached, I hereby authorize the alternate contact people to act on my behalf, and authorize the Camp Fire agent to contact a physician to provide whatever medical or surgical treatment is necessary. I accept the responsibility for the cost of such medical treatments. I have provided a complete representation of my child's physical, emotional and mental health, including all medications.

In the event that my child/ward is photographed, filmed or recorded while participating in Camp Fire activities, Camp Fire or other partnering organization approved by Camp Fire may use photos, film or recording for publicity, promotional or instructional purposes. I waive any rights for royalties and/or compensation arising from the use of photographs. Camp Fire will not disclose the name or personal information of youths in any of their promotional materials including web site.

If necessary, my child has permission to travel by vehicle for any and all field trips scheduled by the Executive Director of Camp Fire or their club leader.

I hereby give permission to the medical personnel selected by the Executive Director or their adult leader to provide appropriate routine and emergency care of my child and to dispense medications, including the following over the counter medications:

(CIRCLE ANY EXCEPTIONS): 1% Hydrocortisone cream Ibuprofen Insect Repellent Sunscreen Antibiotic Ointment Tylenol Band-Aids

Please note any of the above medications you child is **ALLERGIC to or should NOT have:** _____

I have read, understand and accept all of the terms and conditions set forth in this enrollment agreement.

Parent or Guardian's signature _____

Parent or Guardian's printed name: _____ Date _____