



Camper Information

Name: _____ Camp Session: _____ Camp Date(s): _____
 Date of Birth: _____ Height: _____ Weight: _____ Grade: _____
 Name of Doctor: _____ Phone Number of Doctor: _____
 Insurance Company: _____ Policy Number: _____
 Medicaid Number: _____ Medical Card Number: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Email: _____
 Relationship to Camper: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Telephone: _____ Secondary Telephone: _____
 Type: Home Mobile Work Type: Home Mobile Work
 Times: Before 8 am 8 am - 5 pm After 5 pm Times: Before 8 am 8 am - 5 pm After 5 pm

PARTICIPATION WAIVER

I understand all reasonable safety precautions will be taken at all times by Greenbush and its agents during camp activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I understand that parts of the Greenbush Camp programs may be physically and emotionally demanding. I agree to follow all safety instructions given by Greenbush Camp staff during the sessions. I recognize the inherent risk of injury in indoor and outdoor adventure and exploration activities, and that I must assume the risk of bodily injury, death, or property damage of any kind or nature whatsoever that could result from Greenbush Camp activities, the unavailability of emergency medical care, or the negligent or deliberate act of myself, another participant, or any other person. I release all staff, agents, contractors, instructors, employees, personnel, administrators, and board of directors of Greenbush from all liability for any bodily injury, death, or property damage of any kind or nature whatsoever that I may sustain as a result of participating in Greenbush Camp activities.

Signature of Camper

Date

Signature of Parent/Guardian

Date

For questions, comments, or if your child needs special accommodations please contact:
 Sally Carper at (620) 724 - 6281 or sally.carper@greenbush.org prior to camp.



Camper Health History

Camper Name: _____ Camp Session: _____

Please answer the following questions with regard to the camper:

Yes No Do you have any physical or health disability or handicaps (temporary or permanent) that you or your doctor feel would limit your participation in camp activities?
If yes, please explain:

ALLERGIES

Yes No Do you have allergies?
If yes, mark those that apply: Food Tree/Grass Weeds Insect Bites
 Animals Latex Other (please list): _____

Please describe allergic symptoms and remedy:

SEIZURES

Yes No Do you have seizures?
If yes, please explain frequency and describe any visible warning signs:

DIETARY RESTRICTIONS

Yes No Do you have any special dietary needs or restrictions?
If yes, please explain:

MEDICAL INFORMATION

Do you have any of the following conditions?
 Asthma Diabetes Speech, Visual, or Hearing Impairment Other: _____
If yes answered above, please provide additional information:

MEDICATIONS

Yes No Will you be bringing any medications to camp? If yes, please fill out a Medication Information Page.
Please be aware, parents must provide any non-prescription or over the counter medications, such as pain relievers (acetaminophen, ibuprofen, aspirin, etc.), antacids (Tums), or antidiarrheals (Pepto-Bismol) for their camper, if they wish for their child to be given said medications, in the event that they need them while at camp. Camp staff will not be able to administer *any* medications not specifically designated for that camper.

MEDICAL AUTHORIZATION

I affirm that the confidential medical information I have provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Greenbush harmless if full disclosure of a pre-existing medical condition has not been provided.

I understand that Greenbush assumes no responsibilities for accidents which may occur in association with Camps. I agree to use my personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the parent/guardian listed above. In the event those individuals cannot be reached, I hereby give permission to the physician or any other qualified medical staff selected by Greenbush to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery deemed necessary. I authorize Greenbush Camp staff to disclose protected health information to the adult in charge, other camp staff, and/or any physician or health care provider involved in providing medical care to my child.

Signature of Parent/Guardian

Date

MEDICATION INFORMATION

Camper Name: _____

Camper Session: _____ Date(s): _____

**ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER, WELL MARKED,
AND GIVEN TO THE CAMP COORDINATOR UPON ARRIVAL.**

Name of Medication	Type of Medication	Dosage	Time to be given	Date given	Time given	Initials
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					

Special Instructions:

PERMISSION FOR MEDICATION/MEDICAL TREATMENT ADMINISTRATION:

YES, I authorize Greenbush Camp Staff to administer medication and medical treatments as identified above.

Signature of Parent/Guardian

Date



Overnight Packing List

*Greenbush will provide bedding, meals, beverages, and snacks.
Please pack enough clothing, toiletries, shoes, and medications to last your
whole camp session. Please write camper name on items you bring to camp.*

Clothing appropriate for outdoor activities and current weather conditions:

- Pants or Capri's
- Shorts (not too short)
- Sweatshirt or Jacket
- Gloves, Hat, and Scarf
- T-shirts
- Socks
- Underwear
- Pajamas
- Rain Jacket or Poncho
- Dirty clothes bag
- Sneakers or hiking shoes/boots (closed toed)
- Sandals (optional)

Toiletries:

- Toothbrush/Toothpaste
- Body Soap
- Shampoo/Conditioner
- Towel/Washcloth
- Comb/hairbrush
- Personal Toiletries

Other:

- Extra Pillows or Blankets
- Sunglasses
- Water Bottles
- Hats
- Sunscreen
- Insect repellent
- Camera (optional)

**Pack ONLY what is on this list.
PLEASE DO NOT BRING FOOD OR ELECTRONICS TO CAMP!**

Greenbush is not responsible for lost, stolen, or damaged personal items.