



2021 Camper Information

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:
Emily Roth at (620) 724 - 6281 or emily.roth@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