



Woodland Blast Camper Health History Form 2020

First Name Last Name Date of Birth Grade 20-21

Custodial Parents

First Name Last Name Relationship Work Phone Cell Phone Family Home #

Additional Household Parents

First Name Last Name Relationship Work Phone Cell Phone Family Home #

The following apply to this camper:

Diabetes ___ Diagnosis date ___ Asthma ___ Last Episode ___ Seizures ___ Last Seizure ___
Hearing problem ___ Hearing Aids ___ Glasses ___ Contacts ___ Frequent Headaches ___
ADD/ADHD ___ ADD/ADHD Medication ___ Dosage ___
Dentist ___ Phone Number ___
Physician ___ Phone Number ___ Hospital Preference ___

My camper is allergic to the following:

Food: ___ Other: ___
Latex ___ Other: ___
Medication: ___ Other: ___
Environmental: ___ Other: ___
Epipen Prescribed and used for: ___

In the chance a camper or someone living in the camper's household contracts Covid 19, you will immediately notify Woodland Blast Summer Camp director. The camper will be asked to stay at home and self-quarantine for 14 days. Camper will show negative test results to camp director 24 hours before returning to camp.

Camper will have temperature checked by camp nurses before being allowed to enter camp. If temperature is above 99.5f or the camper shows signs of Covid- 19, as stated by CDC, then camper will not be allowed to enter camp. Camper must be

tested for Covid 19 and not allowed back to camp for 14 days if test is positive. Camper must self-quarantine for 14 days. Camper will show negative test results 24 hours before returning to camp.

Permission for Emergency Medical Treatment

In case of a medical emergency, I, the parent or legal guardian of the above-mentioned minor, hereby give permission to the adult sponsors of Woodland Blast Summer Camp to secure proper treatment for the health and comfort of my child.

I/We grant Woodland Blast Summer Camp all authority and permissions indicated on this form by my/our selections. I/We understand that all authority and permission granted hereunder shall be valid and enforceable until specifically rescinded in writing by the person(s) signing this form.

AGREEMENT: *By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.*

By signing below, I accept the conditions of this agreement.

Signature

Date

Signature

Date