

# SUMMER CAMPS

## MEDICAL FORM



This form must be returned **no later than** Tuesday, June 6, 2017. You may submit it via e-mail ([jfindley@tampabaywatch.org](mailto:jfindley@tampabaywatch.org)) or mail (Tampa Bay Watch, Attn: Summer Camp, 3000 Pinellas Bayway South, Tierra Verde, FL 33715).

### 1. General Information

Camp Session(s):

Discovery Camp:  June 26-30  July 10-14  July 17-21

Sea Monkeys:  June 12-16  June 19-23  July 10-14  July 17-21  July 24-28  July 31-August 4

Child's Name: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies or medical conditions for your child: (Please attach additional documents if needed.) \_\_\_\_\_

Please tell us more about your child so we are able to best meet their needs:

Can your child swim?  Yes  No

Please circle what level of swimmer your child is:

Cannot Swim  Beginner  Intermediate  Strong

Has your child kayaked before?  Yes  No

Are there any restrictions for your child?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child need any special assistance due to a disability? Please specify: \_\_\_\_\_

Does your child have any emotional or behavioral problems that the head counselors should be aware of? Please explain: \_\_\_\_\_

Please share any other information that will help our staff provide the best experience for your child: \_\_\_\_\_

#### MEDICATIONS AT CAMP:

Will your child be needing to take any medication?  Yes  No

If YES, please print the name of medication(s) and dosage: \_\_\_\_\_

I give permission for (child's name) \_\_\_\_\_ to receive the above medication during this program.

ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH AN ACCURATE PHARMACY LABEL, AND MUST BE BROUGHT TO CAMP BY AN ADULT AND GIVEN DIRECTLY TO THE STAFF. CAMPER'S CANNOT SELF CARRY THEIR MEDICATIONS. THIS ALSO INCLUDES OVER-THE-COUNTER MEDICATIONS. ALL MEDICAL EQUIPMENT MUST BE LABELED WITH CAMPER'S FULL NAME.

### 2. Consent

#### CONSENT FOR EMERGENCY CARE & TREATMENT:

In the event of an emergency, I consent to medical treatment for (child's name)

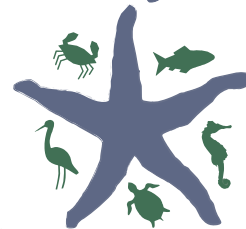
\_\_\_\_\_ including, but not restricted to: medication, laboratory or other diagnostic studies should the need occur. I also consent to having my child transported in a vehicle driven by a Tampa Bay Watch staff member in the event that an emergency does arise. I understand and approve this information.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Estuary  
EDventures



TAMPA BAY  
WATCH

Education  
through  
Restoration

**MORE ON  
NEXT PG. →**



RELEASE FORM

General Release

I, \_\_\_\_\_, understand the Tampa Bay Watch Summer Camp includes periodic visits off site or in conjunction with other organizations. I agree to accept full risk and responsibility for myself or my child's participation in this program and agree to release, hold harmless and indemnify Tampa Bay Watch and all employees, agents or representatives of the organization in their official and individual capacities from all expenses, attorney's fee, claims or liability whatsoever including claims based upon such defendants' own negligence arising from or related to myself or to my child's participation in the Tampa Bay Watch Summer Camp program. This release shall be binding on me, my legal representatives, heirs and assigns in perpetuity. I have read this release and understand fully.

\_\_\_\_\_ I have read and understand the above.
(Parent/guardian initial)

Photo Release

I grant Tampa Bay Watch and its designated partners the right to take photographs of me and my family. I authorize Tampa Bay Watch, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Tampa Bay Watch may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

\_\_\_\_\_ I have read and understand the above.
(Parent/guardian initial)

Code of Conduct

Welcome to Tampa Bay Watch's Estuary EDventures Summer Camp! In order for you to have the best experience possible we expect you to abide by the following rules;

- 1. Come prepared for camp with an open mind and good attitude!
2. Use proper manners when working with staff and other campers.
3. Please no talking when a counselor is presenting or giving directions. Please raise your hand and follow directions.
4. You must respect fellow campers and staff members. Estuary EDventures Summer Camp is a "safe place" for ideas. We have a zero-tolerance policy for bullying. Respect everyone!
5. Respect the property and tools of Tampa Bay Watch and other campers.
6. Obscene, discriminatory language and/or name calling will not be tolerated.
7. Inappropriate items will be confiscated and returned to a parent/guardian.
8. Please keep your hands to yourself. Any fighting will result in immediate removal from camp.
9. Learn a lot and HAVE A GREAT TIME!

Signing this Code of Conduct signifies that you have read and agree to the listed rules. Breaking the rules will result in a call home/talk with parents/guardian. The third discussion/call will result in the camper being removed from camp session. We are excited to have you join us and look forward to a fantastic and fun-filled summer camp session!

\_\_\_\_\_ I have read and understand the above.
(Camper initial)

I have read and understand the above:

Signature of legal parent/guardian Date Camper signature Date
(required for minors)