

WINTER CAMPS

MEDICAL FORM



This form can be completed electronically and returned prior to the start of camp via email to jfindley@tampabaywatch.org (preferred) or completed the morning of your camp date.

1. GENERAL INFORMATION

Camp Session(s):

Wednesday, January 3, 2018 (ages 6-8) Thursday, January 4, 2018 (ages 6-8) Friday, January 5, 2018 (ages 9-12)

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

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)

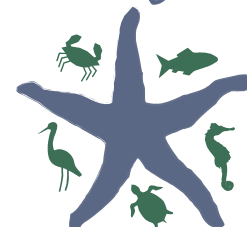
_____ including, but not restricted to: medication, laboratory or other diagnostic studies should the need occur. I also consent to having my child transported in a vehicle driven by a Tampa Bay Watch staff member in the event that an emergency does arise. I understand and approve this information.

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 Winter Camp includes periodic visits offsite 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 Winter 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 Winter 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 Winter 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 winter camp session!

_____ **I have read and understand the above.**

(Camper initial)

I HAVE READ AND UNDERSTAND THE ABOVE:

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

Camper signature

Date