



Theater in the Woods Camp Registration and Medical Form

THESE FORMS MUST BE COMPLETED AND SIGNED BY PARENT. Any changes to these forms should be provided to camp directors upon the camper's arrival June 28th (Bears) or July 12th (Wolves).

Camper Name: _____

Age: _____

Gender Identity: Male __ Female__ Or _____

Camper

First _____ Middle _____ Last _____

School Name _____ Grade _____ Birth date ____/____/____ Age (as of July 1, 2021) _____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address (if different from above) _____

Town _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ E-mail _____

Emergency Contact Information - three contacts are required:

Name	Address	Phone #	Relationship

Alternate Pickup/Release

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Name _____ ID # _____ Contact tel.# _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____



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Please list any medical problems, including any that require maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Please list any other allergies (insects, seasonal/environmental, animals, asthma); describe reaction and management:

Does your child need an EPI-Pen? Yes () No () If yes, describe type of allergic reaction, including signs and symptoms of distress:

ANY MEDICATION TO BE SELF-ADMINISTERED OR GIVEN BY US AT CAMP? Please specify **by a written doctor's order** with:

<u>Name of drug</u>	<u>Dosage Frequency</u>
_____	_____

By checking these boxes, I hereby give permission to give my child over the counter medications according to standard dose:

TYLENOL Yes () No () IBUPROFEN Yes () No () BENADRYL Yes () No () OTHER () _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Does your child have any special needs – medical, emotional, learning? Provide as much detail as possible; attach additional paper if necessary:

Please indicate (or call us at 802 235-2050) any situations inside or outside of camp that may affect your child's behavior or attitude:



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Terms of Agreement

The majority of Theater in the Woods activities take place outside, with exposure to risks normal in outdoor activity. We will safeguard against normal foreseeable risks. At the same time, accidents can occur during the everyday course of events, and it is impossible for us to insure ourselves adequately against such occurrences. Therefore we ask you to take responsibility for providing adequate health insurance for your own child, and that you sign a waiver agreeing to indemnify us for any medical expenses. Your insurance information provided above enables reimbursement to be made for any medical care needed by your child in the duration of our day camp. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

I agree to hold Theater in the Woods Vermont blameless for any accident or injury which may occur to my child during the course of the Theater in the Woods Camp, except in the case of gross or willful negligence, and I agree to indemnify Theater in the Woods Vermont against medical claims which may arise from my child's illness, accident or injury.

Parent/Guardian Signature

Date

Photo Release

I hereby give permission for my child to be photographed during Theater in the Woods Camp. I understand the photos will be used to keep a journal of activities, to share in reports to our donors and backers, and for promotional purposes including flyers, brochures, and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for Theater in the Woods activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Tuition is \$550.

I enclose with this application a deposit of \$200 for Theater in the Woods Camp. I agree that I will pay the balance of \$350 due by June 25, 2021 for Bears' camp or by July 9, 2021 for Wolves' camp. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.

Parent/Guardian Signature

Date

Mail these completed and signed forms and a check made out to Theater in the Woods Vermont to:

Theater in the Woods Vermont Co.
72 Sundog Lane
Middletown Springs, VT 05757