

BATTLE CREEK PUBLIC SCHOOLS
OUTDOOR EDUCATION CENTER
10160 SOUTH M-37 HIGHWAY
DOWLING, MI 49050
269 721 8161

REGISTRATION AND HEALTH INFORMATION FORM
(To be completed and signed by a parent or legal guardian-PLEASE PRINT)

Name of Student: _____ M ___ F ___

Birth date: _____ Address: _____

City: _____ State: _____ Zip _____

School _____ Grade _____ Teacher _____

Parent/Guardian 1: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian 2: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Numbers: OTHER THAN ABOVE NUMBERS (Include area codes)

1) _____ Phone: _____

2) _____ Phone: _____

Name of Physician: _____ Phone: _____

Address: _____

Name of Person, other than parent/s listed above authorized to pick up your child:

1) _____ Phone: _____

MEDICATION AT CAMP

**If your child will be taking any kind of medication at camp please review the
MEDICATION INFORMATION SHEET and fill out the MEDICATION PERMISSION FORM.
This form must be signed by BOTH a parent and the physician.**

List any food restrictions: _____

GENERAL HEALTH QUESTIONS

1. List any recent injury, illness, or infectious disease that may affect child's participation:

2. List any chronic/recurring illness or disease:_____

3. List any physical limitations:_____

4. List any ALLERGIES to foods, drugs, bee/wasp stings etc.:

5. Does your child wet the bed? _____ Sleep Walk?_____

6. Anything else we should know?_____

PHOTO PERMISSION

I give permission for my child to be photographed **and** for their photo to be used on promotional media for the camp. No names shall be released and no compensation will be provided.

YES

NO

This health history is correct to the best of my knowledge.

I give my permission for my child to attend the camp program and participate in all planned activities. I understand that in case of illness or accident an attempt will be made to contact me at the telephone numbers listed above.

In an emergency, if camp personnel are unable to contact me, I hereby give permission to the Outdoor Education Center, a children's camp licensed by the Michigan Department of Consumer and Industry Services, to secure emergency medical and surgical treatment as well as routine, non-surgical medical care for my minor child while in camp. I give my permission for authorized personnel to transport my child to an accredited hospital for diagnosis by a licensed physician.

I understand that my child will not be released from the camp for any other purpose without expressed written consent of a parent or guardian.

Signature (must be parent or legal guardian)

(date)

Witness if needed

(date)