

**Riverbend's Medical Information and Consent Form**  
**Must be completed for ALL Campers by the first day of camp!**

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**Please explain any physical or medical concerns that Riverbend should be aware of:**

1. Does your child have allergies?  No  Yes

If yes, please explain:

2. Is your child taking medications regularly?  No  Yes

If yes, please list:

3. Please list any emergency medication (epi-pen, inhaler, etc.) that your child will need to have at Riverbend:

4. Please explain any special learning needs your child may have:

5. Riverbend staff may give my child Benadryl and/or Tylenol as needed:  No  Yes

6. **Emergency Contacts** (please provide us with at least three people to contact in case of an emergency):

<u>Name</u>	<u>Relationship</u>	<u>Daytime Phone</u>
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7. Please list all people who are authorized to pick-up your child from camp:

**8. Parental Consent:**

- ◆ Riverbend has my consent for my child to take part in all programs, both onsite and off (*you will be notified of any offsite programs before they occur*).
- ◆ Riverbend has my consent to transport my child offsite via bus or van for any additional programming.
- ◆ Riverbend has my consent to secure treatment by a local doctor or area hospital in the event of a medical emergency.
- ◆ Riverbend has my consent to photograph or quote my child for marketing and public relations purposes.

*I have read and understand all the information on the registration and information forms and agree to the conditions stated therein.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Camper (parent/guardian): \_\_\_\_\_