



Confidential Information Form Summer 2021

Child's Name _____ Date of Birth ____/____/____ Rising Grade ('21-'22) _____

Child's Preferred Name _____

Parent/Guardian Name _____ Home Phone _____ Cell _____

Parent/Guardian Name _____ Home Phone _____ Cell _____

Home Address _____

Emergency Contact Information

(We will contact parents first. This is the person we should call if we cannot reach the camper's parents.)

Emergency Contact (other than parents) _____ Relationship to student _____

Emergency Contact Home Phone _____ Cell _____

Insurance Information

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

Insurance Company _____ Policy # _____

Insurance Company Phone _____

Name of Insured _____ Relationship to student _____

1. Allergies:

☐ No Known Allergies

☐ Medication: _____

☐ Food _____ ☐ Other: _____

Reaction if exposed to allergen:

Treatment if exposed to allergen:

If your child has a nut allergy, can they have foods that have warnings saying they may contain nuts or may be processed in a facility that processes nuts? (Note, do not answer this question if your child does not have a nut allergy.)

☐ Yes, foods with these warnings are safe for my child

☐ No, foods with these warnings are not safe for my child

2. Food restrictions (other than allergies listed above):

- ☐ Gluten intolerant ☐ Vegetarian
☐ Lactose intolerant ☐ Other: _____

Is there any further information we need to know about your child's food restrictions? (For example, if gluten intolerant, do they react if their skin comes in contact with gluten?)

3. Medical Conditions/Concerns (currently present or history of)

- ☐ ADHD ☐ Concussions/head injuries ☐ Other: _____
☐ Anxiety ☐ Diabetes
☐ Asthma ☐ Seizures

Please give us more information about any medical conditions your child has:

4. Medication: Will your child have medication with them at camp?

- ☐ No medication
☐ Epipen
☐ Inhaler
☐ Other: _____

All medications must be registered with the camp director with written dosage instructions.

5. Does your child have an IEP or 504 Plan? Please note, we only use this information to better serve your camper. We will follow up to see if there is information on those tools that will help us help your child have a wonderful experience.

- ☐ Neither
☐ IEP
☐ 504 Plan

6. Please give any information not listed that may be helpful for us in working with your child. Examples of such information includes any significant life changes your child has experienced, effective methods for calming your child down, etc.

7. What motivates your child and helps them do their best?

Parent or legal guardian's consent and authorization for treatment:

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed club activities except as noted. I hereby give permission to the medical personnel selected by Sportsclub to order x-rays, routine tests, treatment, and necessary transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by Sportsclub to secure and administer treatment, including hospitalization for my child as named above. These forms apply to trips out of Sportsclub as well.

Signature of Parent/Guardian _____ Date _____

Main Camp (rising k5-4th grade) and Swimming Camp Only: To help us place your child in the appropriate swim group, please check the best description of your child's swimming skills.

- ☐ Uncomfortable in the water (does not like to put his/her face in, does not float on front or back with assistance.) **Please send a life jacket or swim belt labeled with the child's name for free swim.**
- ☐ Comfortable in the water, but is unable to float or swim without assistance (lifejacket, pool noodle, etc.). **Please send a life jacket or swim belt labeled with the child's name for free swim.**
- ☐ Floats and swims without assistance, but does not know how to swim the strokes properly.
- ☐ My child is a beginner with learning swim strokes.
- ☐ My child is comfortable and competent with most swim strokes.

Summer Camp Pick-up Permission*

The following people have permission to pick-up my child (please include names of parents):

Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

*Any changes or additions to this list must be sent in writing prior to pick-up.

Please note that the regular camp day ends at 4:00 PM. If your camper is not picked up by 4:10, you will automatically be charged \$15 for late stay. Late stay ends at 6:00 PM. You will automatically be charged a late fee of \$1 per minute after 6 PM for late pick up. We appreciate your prompt arrival!

Signature of Parent/Guardian:_____ Date: _____