



Deutsche Schule Ann Arbor

Summer Day Camp Health & Emergency Information

Child's Name _____ Child's birth date: _____
Camp #: _____ Session Date: _____

Emergency Contacts

If your child becomes ill or injured, camp staff will contact the following persons **in order**. By listing a person below as an emergency contact, you authorize that person to make a decision on medical treatment for your child. Please list yourself, if you wish to be contacted. You may wish to include your child's doctor(s) in the list.

Name, Relationship, Home #, Work #, Cell #

1. _____
2. _____
3. _____
4. _____

Health History

Please give details of any special medical considerations for your child, including medications, allergies, etc. If your child has serious or dangerous allergies, please describe typical physiological reactions and course of treatment. *Please note: if your child needs to take prescription or non-prescription medicine while at camp, then the parent/guardian will need to fill out a Medication Authorization Form when the child is dropped off at camp. All medicine must be in its original container.*

Do you carry family medical/hospital insurance? _____
Health Carrier: _____ Policy/Group#: _____

Please indicate any medical treatment your child has had in the past year.

Date of Injury/condition:



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Record of child's immunizations:

| Date | Immunization | Date | Immunization |
|-------|--------------|-------|--------------|
| _____ | Measles | _____ | DTP/DT/Td |
| _____ | Mumps | _____ | Mumps |
| _____ | Rubella | _____ | Other |

In order to provide the best camp experience possible, please provide any additional information about your child's behavior or physical, emotional, or mental health that camp staff should be aware of, e.g. shyness, autism, Asperger's syndrome, ADD/ADHD, etc. Also, please let us know if your child does not speak English fluently.

If your child requires special accommodations, we must know at least two weeks in advance. Also, we encourage you to call and discuss with camp staff, so that we can be prepared to provide the *best camp experience possible*.

Restrictions

Dietary

None No red meat No pork No eggs No poultry No seafood No dairy products
 No peanuts/peanut products Other (describe) _____

Activities

Explain any health restrictions on activities (i.e. necessary adaptations or limitations) _____

I hereby grant permission to the Deutsche Schule Ann Arbor staff to perform basic first aid on my child and secure or administer other such emergency medical treatment as staff deem necessary. I understand that in case my child becomes ill or injured, emergency contact persons will be called immediately for their decision on medical treatment. If the emergency contacts listed are not immediately reachable, or if in the opinion of Deutsche Schule Ann Arbor staff the situation requires emergency action, Deutsche Schule Ann Arbor staff will use their judgment as to what medical treatment is appropriate. I assume all risk, individually and on behalf of my child, and agree to indemnify and hold the Deutsche Schule Ann Arbor harmless from liability for illness, bodily injury, and property loss or damage resulting from Deutsche Schule Ann Arbor staff administering first aid to my child. I agree to indemnify the Deutsche Schule Ann Arbor for all costs, damages, and expenses incurred by the Deutsche Schule Ann Arbor as a result of Deutsche Schule Ann Arbor staff administering first aid to my child or as a result of an action or claim brought against the Deutsche Schule Ann Arbor arising out of Deutsche Schule Ann Arbor staff's administration of first aid to my child.

I have read this entire document and assert that the information that I have provided is correct and complete to the best of my knowledge, and that my child is healthy enough to engage in all camp activities except as noted. I further agree to notify camp staff if my child is exposed to any communicable diseases in the two weeks before or at any time during camp attendance.

Signed: _____ Date: _____
(Parent or Guardian)