

**Inspirations Theater Camps:
Medical Info, Photo/Medical Release Form, Pick-Up Authorization**

EMERGENCY MEDICAL INFORMATION FOR CAMPER

NAME: _____ **DATE:** _____

DATE OF BIRTH: _____ **GENDER:** _____

ADDRESS: _____
Street City State Zip Code

PARENT / GUARDIAN / OTHER EMERGENCY CONTACTS

1) **NAME:** _____
Relationship

HOME PHONE: _ (____) _____
WORK PHONE: _ (____) _____ **CELL PHONE:** _ (____) _____
ADDRESS: _____
Street City State Zip Code

2) **NAME:** _____
Relationship

HOME PHONE: _ (____) _____
WORK PHONE: _ (____) _____ **CELL PHONE:** _ (____) _____
ADDRESS: _____
Street City State Zip Code

Child's (or Family's) Doctor's Name _____

City, State _____ **Phone (____)** _____

Health Insurance Provider Name: _____

Policy Number: _____

MEDICAL CONDITIONS / HISTORY:

On the next page, please let us know any medical conditions or history your child has that would be helpful for us to know
-----for the day-to-day operation of the camp and/or
-----in an emergency situation.

(**Examples** could include, but are not limited to asthma, heart disease, diabetes, allergies, recent operations, etc.)

Please be as thorough as necessary. If we do have an emergency involving your child at camp, this health information may be the only source of accurate important information.

Child medical conditions / history:

Will your child be on any medications during camp time? **Yes** _____ **No** _____
-----If yes, please also fill out and sign the Medications Supplemental form on the following page as well.

MEDICAL AND PHOTO RELEASE STATEMENT / AFFIRMATION / CONSENT:

I affirm that my child is in a suitable physical condition to be involved in theater camp. I understand that theater camp activities involve movement, breath work, and at times, physically strenuous activities. If my child's physical condition should change between the time of this statement and the time camp begins, I will notify you.

If any health-related emergency arises during camp time I give Inspirations Theater Camp, Rovainen Musicals and its employees full permission to protect and assist my child in receiving appropriate emergency medical care the staff deems necessary, and I release Inspirations Camp, Rovainen Musicals and its employees from all responsibility for such actions.

I agree to pay any medical expenses or any other expenses that may be incurred as a result of treatment given to my child as a result of a staff decision to involve medical aid in the care of my child. I also agree to pay any medical expenses or any other expenses as result of treatment for camp-related injuries in excess of that provided by the camp's insurance. I understand that the camp insurance does not cover any expenses resulting from illness.

As a part of the consideration for participating in Inspirations Theater Camps, I release, hold harmless, and forever discharge Inspirations Theater Camps, Rovainen Musicals, its employees, and its host sites (Oregon: Portland Waldorf School and secondary performance venue; Vermont, Chelsea Town Hall) from any and all liability claims, demands, actions and causes of actions whatsoever arising out of or relating to any loss, property damage, or personal injury, including death, that may be sustained by my child, that occur while my child participates in Inspirations Theater Camp.

Further, I hereby grant full permission to any and all of the employees of Rovainen Musicals, including its volunteers, to use any photographs, videotapes, motion pictures, recordings, or any other record of events and activities occurring at Inspirations Theater Camps.

This Release and hold harmless agreement is binding on myself, my heirs, assigns and personal representatives. I also verify that all statements on this form are correct and that I have legal custody and guardianship of the above mentioned child.

SIGNATURE: _____ **DATE:** _____
Parent or Guardian

MEDICATIONS SUPPLEMENTAL FORM

For parents / guardians with children taking medications during the camp day:

I give consent for either 1) my child to take their own medications while at camp or 2) give my consent for an Inspirations Camp staff member to assist my child in taking their medications [for this, please fill out the instructions information below]. **NOTE:** there will be no nurse or other medical professional on staff. Children who need medication during the day will need to be able to do so with minimal assistance from staff. What this means is while we can, for example, help a child with pill-swallowing by giving them space away from the main camp activities and providing them with water to chase the pill down, we are not in a position to administer shots via needles, nor similar administrations of medications.

SIGNATURE: _____ **DATE:** _____
Parent or Guardian

Descriptions / instructions to camp staff regarding medications taken during camp time: (frequency, what form they come in, etc.)

Inspirations Theater Camps

CHILD PICK-UP AUTHORIZATION

Child Name: _____

Please check the appropriate box(es) and fill out the applicable information below.

____ I, _____, will be picking up my child from camp.

____ I, _____, do hereby authorize my child, _____,
(Child's Name)

to be picked up following camp by the following parties (and ONLY the following parties):
(Note: older siblings 12+ qualify as authorized pick-up persons if specified on this form)

____ I, _____, am allowing my child to get home either by foot, bicycle,
by public transit, or by _____.

NOTE: if this information changes in any way between now and the start of camp (including finding new carpools), you must contact Inspirations Theater Camp with those updates.

Name of Parent / Guardian: _____

I affirm that I agree to the above pick-up authorizations, and that I have legal custody and guardianship of the above mentioned child.

Signature: _____ Date: _____