

**Green Earth Art Camp
Waldorf School at Moraine Farm
Health and Emergency Authorization Form**

Camper Name: (first) _____ (last) _____
Date of Birth: _____
Address: _____
Home Phone: _____
Cell Phone: _____

Allergies *Please list all known allergies*

Medication Allergies

Describe reaction and management of reaction

Food Allergies

Describe reaction and management of reaction

Other Allergies

Describe reaction and management of reaction

Current Medications

Reason/s for taking

Medical Conditions

Does the camper have any medical conditions which the camp staff should be aware?

Restrictions *The following restrictions apply to this individual*

Please explain any activity restrictions (i.e. what cannot be done, what adaptations or limitations are necessary)

Additional information

Please use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp staff should be aware. *The better informed the Day Camp staff can be, the better they will be able to provide for the needs of your child.*

Doctor's Name: _____ Phone _____
Address: _____
City: _____ State: _____ Zip: _____
Insurance Co: _____
Policy Number: _____
Type of Policy: _____
Subscriber: _____

Medical History:

A Certificate of Immunization is to be attached after being completed by a Physician. This form must be fully completed before sending to camp. This is the only form approved by the local Board of Health. It meets local regulation requirements.

If your camper attends Waldorf School at Moraine Farm, check the box below if you would like a copy of the immunization form from your student's file made for their camper file.

Please make a copy of my camper's immunization form found in their student file.

Parent/Guardian Authorization

Note: It is understood that Waldorf School at Moraine Farm will attempt to contact parents immediately in the event of an emergency. The following release statement will enable the school to secure medical/surgical care for your child should the school be unable to reach you.

In case of medical emergency, I hereby authorize Waldorf School at Moraine Farm to transport my child to the nearest hospital and to secure for my child the necessary medical treatment.

I understand that the staff at Waldorf School at Moraine Farm are trained in the basics of first aid, and I authorize them to give my child first aid when they judge it is needed.

In case of illness or accident not requiring a doctor, if parents are not available, I hereby authorize Waldorf School at Moraine Farm to release my child to the following persons/persons (who could be reached by phone to pick up my child and care for him/her): (This should be someone other than the parents.)

Name: _____ Relationship: _____
Address: _____
Phone: _____

Signature of Parent/Guardian: _____ Date: _____