

Owl's Hill 2010 Camp Safety Information

For (Child's Name) _____

Child's Doctor: _____ Doctor's Phone _____

Known allergies (food, insect, medications, etc.)

List medications your child will be bringing to camp:

List medications your child will take regularly while attending camp:

Does your child have an IEP at school? ___ YES ___ NO If yes, list provisions that may help us provide a more enjoyable camp for your child and the other campers.

We want the camp experience to be a positive one for each child. Is there anything we should know to better serve your child's needs?

EMERGENCY CONTACT INFORMATION

I understand that, in the event of an emergency concerning my child, every effort will be made to contact my child's parents/guardians. **IF PARENTS/GUARDIANS ARE NOT AVAILABLE**, the following person/s is/are authorized to act in their place:

Name: _____

Relationship to child: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Pager/Beeper _____

Should that an ambulance be needed, emergency staff will decide where to take the patient. However, if you have a hospital preference please list it: _____

EMERGENCY RELEASE

I grant permission to camp personnel for the 2010 Owl's Hill Summer Camp Programs to act on my behalf for evaluation and treatment of minor medical problems (bee stings, ticks, cuts, etc.) that occur during camp time. I understand that should a serious medical problem arise, every attempt will be made to notify my child's parents/guardians and designated emergency contacts listed above. In the event none of these can be reached, I give my consent to such treatment as is deemed necessary. Unless otherwise noted, this form applies to all Owl's Hill camps my child attends in 2010.

Parent Signature: _____ Date _____

Mail completed application and form to:

*Owl's Hill Nature Sanctuary
545 Beech Creek Road
Brentwood TN 37027*

*Thank you for helping us provide a safe, positive camp experience for your child.
Remember that all campers must provide proof of age.*