



3rd Annual
Logan-Rogersville Fire Protection District Safety Day Camp
"Fired Up for Safety"
Tuesday-Thursday, June 13-15, 2017
8:30 am – 5 pm

Registration & Release Form

Please complete both pages of this form. Return by mail to Logan-Rogersville Fire Protection District, 3427 S. State Hwy. 125, Rogersville, Missouri 65742 or email rtalburt@lrfire.org or fax to 417-753-4340.

Please PRINT legibly.

Last Name: _____ First Name: _____

Male Female Date of Birth: _____ Grade for Fall 2017: _____

School: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Height: _____ Weight: _____

Parent/Guardian: _____

Daytime Phone: _____ Other Phone: _____

Email: _____

(All communication will be via email)

IN CASE OF EMERGENCY, IF NO PARENT OR GUARDIAN IS AVAILABLE, PLEASE CONTACT:

Name: _____

Address: _____

Daytime Phone #: _____

VIDEO/PHOTOGRAPHY FOR PUBLIC INFORMATION PURPOSES: This safety camp will be videotaped and photographed for local access television and printed media and materials. Images of the video and/or photography may also be used for promotional purposes for showing at the awards ceremony. By enrolling your child in this camp, you authorize the Safety Camp to use these images for promotion of the camp, at its functions and activities. You will not be paid for the use of images.

Parent/Guardian Signature: _____

I do not agree for my child to be videotaped/photographed.

Parent/Guardian Signature: _____

HEALTH HISTORY AND RELEASE FORM

The intent of the completed information in this form is to provide camp personnel with appropriate background information to administer appropriate care to the participant name below while he/she is attending camp. The persons listed here will be contacted to assist in medical/behavioral problem solving. All medication must be in original pharmacy containers with labels.

Camper Name: _____

MEDICAL AUTHORIZATION

I recognize that participation in recreation and instruction activities, even when well supervised and managed, poses a risk to my child and I agree to assume such risk on behalf of my child. I hereby hold the Logan-Rogersville Fire Protection District, its employees and agents and volunteers harmless from liability for any and all medical and/or accident expenses that my minor child may incur during their involvement in the Logan-Rogersville Fire Protection District Safety Camp. This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

AUTHORIZATION FOR TREATMENT

I hereby give permission to the medical personnel selected by the Logan-Rogersville Fire Protection District to provide emergency first responder services; to administer over-the-counter and prescription medications as directed by a parent; to release any records necessary for insurance purposes; and to provide or arrange necessary related emergency transportation for my child. In an emergency or in the event I cannot be reached, I hereby give permission to the physician selected by the Logan-Rogersville Fire Protection District to secure and administer treatment, including hospitalization, for the person named above.

Chronic or Other Concerns (REQUIRED):

- This camper has no chronic or other health concerns and is capable of full participation in this program.
- This camper has the following chronic health concerns:
- | | |
|---|---|
| <input type="checkbox"/> Recent injury, illness, or infectious disease? | <input type="checkbox"/> Head/brain injury |
| <input type="checkbox"/> Seizures or epilepsy | <input type="checkbox"/> Heart disease, defects or murmur |
| <input type="checkbox"/> Recent Asthma | <input type="checkbox"/> Vision, speech or hearing problems |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Bleeding/clotting disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Kidney trouble |

Please explain any checked boxes and list current prescribed medications including name, dose, and times:

Mental/Emotional Health (REQUIRED):

- This camper has no remarkable mental, social or emotional health needs.
- This camper has the following concerns:
- Diagnosed with Attention Deficit/Hyperactivity Disorder (ADD or ADHD)
 - Psychiatric diagnosis such as depression, OCD, panic/anxiety disorder
 - Has a learning disability
 - Has seen or is currently seeing a professional for mental/emotional health concerns

Please explain any checked boxes and list current prescribed medications including name, dose, and times.

Other Medical Concerns/Disabilities/Allergies/Special Needs/Dietary Needs:

I authorize Camp staff to administer sun screen and/or insect repellent to my child if the need arises. Yes No

Parent Signature: _____ Date: _____