



## Summer Camp Forms 2021

Click [here](#) to securely submit your forms online.

If you wish to complete the forms by hand, you may return the completed forms to the attention of Public Programs Coordinator, Hannah Morris, via one of the following methods:

- Email – [hmorris@holdenfg.org](mailto:hmorris@holdenfg.org)
- Mail – Attn: Hannah Morris -Holden Arboretum 9550 Sperry Road, Kirtland, Ohio 44094
- Bring the forms with you on the first day



Name of Camper: \_\_\_\_\_

## **Holden Forests & Gardens Summer Camp Contact Information**

Camp Session Attending: \_\_\_\_\_

**Camper Information:** *Please complete 1 set of forms per camper.*

**Name of camper:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Birth date: \_\_\_\_\_

Entering grade: \_\_\_\_\_

### **Contact Information:**

List phone numbers where emergency contacts can be reached during camp hours.

**Primary Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address (if different from camper) \_\_\_\_\_

Phone (Home, Work, Cell) \_\_\_\_\_ Phone (Home, Work, Cell) \_\_\_\_\_

Email \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address (if different from camper) \_\_\_\_\_

Phone (Home, Work, Cell) \_\_\_\_\_ Phone (Home, Work, Cell) \_\_\_\_\_

Email \_\_\_\_\_

**Authorized Pick-up:** *Photo ID is required from all persons authorized for pickup. Please list all persons, including yourself, authorized to pick up your child. Please contact us in advance if anyone other than those listed will be picking up your child.*

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Name of Camper: \_\_\_\_\_

## **Holden Forests & Gardens Summer Camp Medical Inquiry**

### **Medical Conditions – check all that apply**

- Allergies
- Epi Pen
- Blood Disorders
- Asthma
- Rescue inhaler
- Seizure disorder
- Diabetes
- Dietary needs/restrictions
- Other – please describe below

Please provide explanation, special accommodations, and/or instructions for each checked box:

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### **Medications\***

1. Medication name: \_\_\_\_\_  
Dosage/frequency: \_\_\_\_\_
2. Medication name: \_\_\_\_\_  
Dosage/frequency: \_\_\_\_\_
3. Medication name: \_\_\_\_\_  
Dosage/frequency: \_\_\_\_\_

\*If your child requires medication during camp hours as prescribed by a physician or dentist, the medication can only be self-administered by your child, under the supervision of camp staff with the signed written instructions from the child's parent or guardian. The written instructions must include the following: child's name, date of the instructions, the amount of dosage, and time the medication is to be administered. Please send the medication in secure container with the child's name and date clearly marked. If your child requires over the counter medication, the same rules apply. Over the counter medication must be in its original container. The camp staff will secure the medication in a safe place or in the refrigerator as required. Camp staff will not administer any medication without written instructions from the parent or guardian.



Name of Camper: \_\_\_\_\_

### HEALTH CARE INFO AND PROVIDERS

Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ ID: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Orthodontist: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Special needs:** List any of which the staff should be aware (medical, emotional, developmental, learning, social, etc).

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**Describe any prior injuries and/or physical handicaps:**

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**Explain any physical restrictions/limitations:**

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**Other comments:**

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Name of Camper: \_\_\_\_\_

## MEDICAL INQUIRY SHEET

**Purpose:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Holden Forests & Gardens authority, when parents or guardians cannot be reached.

**Important – Part I or Part II must be completed for camp attendance**

### Part I, CONSENT GRANTED

I, the undersigned, hereby give permission for my child to participate in all activities (unless otherwise specified) and assume all risks and hazards incidental to the program. I also hold harmless Holden Forests & Gardens, its staff, and appointed assistants. I also understand and agree to abide by any restrictions placed on my child's participation in camp activities.

Parent/ Guardian Authorizations: This health history and any attached forms are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to Holden Forests & Gardens to provide and seek emergency medical treatment and administer prescribed medications by certified staff. I agree to the release of any records necessary for insurance purposes. I give permission to the staff to arrange necessary related transportation for me/ my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician and dentist named above to administer treatment, including hospitalization at \_\_\_\_\_ (named hospital) or any hospital reasonably accessible, for the camper named above. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring on the necessity of such surgery are obtained prior to the performance of such surgery. This completed form may be photocopied.

☐ By entering my name below, I assert that I have reviewed and agree to all the waivers and agreements in this section.

Signature of Parent or Guardian: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### Part II, REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Holden Forests & Gardens authorities to take no action or to:

\_\_\_\_\_

☐ By entering my name below, I assert that I have reviewed and agree to all the waivers and agreements in this section.

Signature of Parent or Guardian: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Camper: \_\_\_\_\_

## **Holden Forests & Gardens Summer Camp Waiver**

**PLEASE INITIAL AND DATE BELOW:**

### **Conduct Agreement**

I, on behalf of myself and my minor child, agree to follow the Summer Camp rules at Holden Forests & Gardens. I understand that a child exhibiting any behavior that may cause harm to themselves, other campers, camp staff, wildlife or property will be asked to leave the program without a refund. These behaviors include, but are not limited to, bullying, hitting, kicking, biting, sexual harassment, stealing, destruction of property and/or possessing weapons or illegal substances.

Parent/Guardian Initial \_\_\_\_\_

Date \_\_\_\_\_

### **Authorization to Share Records**

I understand that minimum necessary information will be shared with camp staff and personnel. I agree to the release of any records necessary for emergency treatment.

Parent/Guardian Initial \_\_\_\_\_

Date \_\_\_\_\_

### **Media Release**

I give Holden Forests & Gardens permission to use photographs of my minor child(ren) in marketing and promotional materials including, but not limited to, advertisements, brochures, membership magazine, website, social networks, annual reports and future media. I understand that Holden Forests & Gardens may use photographs of my minor children in its publications, online communications, presentations and other outlets in perpetuity. I understand that I will receive no compensation for such use, and photographs will remain property of Holden Forests & Gardens. I hereby hold Holden Forests & Gardens harmless in any and all claims connected to this release form.

Parent/Guardian Initial \_\_\_\_\_

Date \_\_\_\_\_

### **Red Oak Camp Visitation (Canopy Camp ONLY!)**

As an enriching addition to our camp curriculum, we will visit our neighbors at Red Oak Camp for supplemental camp activities.

I grant permission for my child to hike on foot to visit Red Oak Camp and during camp hours and led by CBG staff.

Parent/Guardian Initial \_\_\_\_\_

Date \_\_\_\_\_



HOLDEN  
FORESTS &  
GARDENS

Name of Camper: \_\_\_\_\_

### Camp Waiver

The undersigned, our administrators, executors, successors and assigns do hereby forever release and discharge Holden Forests & Gardens, employees, volunteers, officers and administrators from any and all liability which may arise from the participation in a camp at Holden Forests & Gardens. It is further understood and agreed that Holden Forests & Gardens, its agents, employees, board of directors, officers and administrators have made no representations other than the definition of Holden Forests & Gardens camp activities. It is further understood that the undersigned, our administrators, executors, successors and assigns shall save harmless Holden Forests & Gardens from any claims, demands, and causes of actions, suits at law or in equity which may be brought against Holden Forests & Gardens as a result of Holden Forests & Gardens camp activities by the undersigned. It is further agreed that, the undersigned, on behalf of the minor child and/or children, shall hold harmless Holden Forests & Gardens, its agents, employees, board of directors, officers and administrators from any claims, demands, causes of actions, suits at law or in equity which may be brought against Holden Forests & Gardens, its agents, employees, board of directors, officers and administrators as a result of participating in said Holden Forests & Gardens camp by the undersigned or their minor children.

Signature of parent or guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_