

CREATIVE ARTS CAMP
Medical & Emergency Care Information Form

Child's Information

Name of Child: _____

Age: _____ Date of Birth: _____

Parent/Guardian Information

Name(s): _____

Best Phone #: _____ Alternative #: _____

Emergency Contact (if parent/guardian cannot be reached)

Responsible Adult: _____

Day Phone: _____

Authorized Pick-Up List

Please list any adults authorized to pick up your child from camp:

Camper Information

1. Tell us about your camper (things that make them nervous, what they enjoy, how to support them, how to de-escalate big emotions, etc.)

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2. Are there any behavioral, emotional, or sensory considerations we should know about?

Medical Information

3. Any known allergies? (food, medication, environmental, etc.)

Please specify: _____

4. Is your child currently taking any medication?

Yes _____ No _____

If yes, we cannot administer any medication without written instructions from a physician or parent/guardian.

List medications and instructions:

5. Previous hospitalizations?

Yes _____ No _____

If yes, please explain: _____

6. Any physical conditions, limitations, or disabilities?

Yes _____ No _____

If yes, please explain: _____

7. Is your child currently under the care of a doctor?

Yes _____ No _____

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If yes, please explain: _____

8. Physician Information

Name of Physician: _____

Phone: _____

9. Preferred Hospital/Medical Facility

Additional Information

10. Is there anything else we should know to help your child have a safe and successful camp experience?

Medical Authorization & Emergency Care Consent

I give permission for the Creative Arts Camp director, teachers, and staff to determine appropriate care in the event of illness or injury, including:

1. Administering basic first aid
2. Seeking advice from a medical professional
3. Transporting my child to a medical facility if necessary

I authorize camp staff to transport my child to the preferred hospital listed above or the nearest appropriate medical facility in case of emergency.

I understand that every effort will be made to contact me or the emergency contact listed above.

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Parent/Guardian Signature: _____

Printed Name: _____ Date: _____