

Day Camp Health Form 2009

(required for all campers)

Camper's Name (last, first, middle)			
Birthdate	Age	Sex	ID #
Parent /Guardian (name)		Relationship to Camper	
Home Phone	Work Phone	Cell Phone	Email
Alternate Contact (name)		Relationship to Camper	Phone

Please check and comment if there has been a history of the following:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Trouble with ears | <input type="checkbox"/> Hives | <input type="checkbox"/> Chronic cough |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Hay fever | |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Diet restrictions | <input type="checkbox"/> Food allergies | |
| <input type="checkbox"/> Communicable diseases | <input type="checkbox"/> Severe allergic reactions | <input type="checkbox"/> Trouble with eyes | |

Unusual sensitivity to:

- | | |
|--|---|
| <input type="checkbox"/> Insect/Bee stings | <input type="checkbox"/> Poison Oak/Ivy |
| <input type="checkbox"/> Sunburn/Sunscreen | <input type="checkbox"/> Other (please explain) _____ |

Please comment on all checked items (use extra sheet if needed):

Is your child on any medication that is taken at home? Yes No

(LHS staff are not able to dispense medications.)

Name of Medication/Reason _____

Is your child up-to-date on all state required immunizations? Yes No

If no please explain: _____

Is there anything, health related or not, that you want LHS staff to know about this camper?

(use extra sheet if needed) _____

— PHOTO CONSENT —

From time to time, Lawrence Hall of Science (LHS) takes photographs or videos of activities in or related to LHS. These photographs and videos are used solely in support of LHS and its educational mission. Their uses include, but are not limited to, brochures produced by LHS, our Web site, and press kits sent to media outlets to promote programs at LHS. We would appreciate your cooperation in signing the following consent to all and any images of your child appearing in these photographs or videos to be used by Lawrence Hall of Science.

- I (Parent/Guardian) **give my permission** to have
- I (Parent/Guardian) **do NOT give my permission** to have

(Child's full name) _____

appear in LHS publications and promotional materials. I understand (a) the images and/or tape recordings will be used exclusively to promote the activities of LHS, (b) the images and/or tape recordings will be the sole property of LHS, and (c) there will be no wages or payment of any kind in return for this appearance.

Signed _____ Date _____

— Consent to Treatment of a Minor —

The undersigned, as parent or legal guardian of _____,

Camper's Last Name, First Name (please print clearly)

hereby authorizes the Lawrence Hall of Science and the delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the Lawrence Hall of Science will endeavor, but is not required, to communicate with the undersigned prior to such treatment. The undersigned further agrees that the Lawrence Hall of Science and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given to the Lawrence Hall of Science and shall remain effective from June 15 through August 21, 2009.

Parent/Guardian (name)	Relationship to Camper	Signature	Date
------------------------	------------------------	-----------	------

Day Camp Dismissal • Morning camps are over at 12:00 noon. Afternoon and full-day camps are over at 4:00 p.m. Campers entering **grades 2 and younger must remain at the camp room until they are picked up by an adult.**

If your child is entering **grade 3 or higher**, you may request that he or she be dismissed from the camp room to be picked up elsewhere by checking the box and signing here.

- My child is allowed to leave by him/herself at the end of camp.

Signed _____ Date _____

For any other requests about the pickup or dismissal of a camper, please contact the camp instructor.

A completed health consent to treatment form must be received in our registration office at least one week prior to camp start date.

Mail form to: University of California, Berkeley • Camps Registration • Lawrence Hall of Science #5200 • Berkeley, CA 94720-5200 **Fax form to:** (510) 643-0994