

Camp 911

General Information & Emergency Contact Form

To be filled out by parent or guardian. Please print in ink.

*This information will be kept in a secure location with access to camp health officer or camp directors only.

IDENTIFICATION

Child's Full Name _____

Child's Date of birth _____ Age _____ Gender _____

Child lives with: *Mother Father Both Other* _____

Home address _____ City _____ State _____
Zip _____

Mother/Guardian Full

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father/Guardian Full

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

In the event of an emergency during the camp we will attempt to contact a parent. Please list below the name and contact information for a grandparent, aunt, uncle, friend, neighbor, etc. that we may call if we are unable to reach either parent.

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

I/we hereby designate the above named person as the Emergency Contact if I/we are unable to be reached. I/we authorize this person to make decisions for medical care and treatment of my child in my absence. I/we also grant permission to the Lebanon Fire Department to provide emergency treatment and transportation for my child to

_____ (Hospital Preference)

Parent(s) Signature _____ Date _____

CHILD'S MEDICAL INFORMATION AND HISTORY:

Name of Personal Physician _____ Phone _____

Personal health/accident insurance carrier_____

Policy No._____

**Attach a photo copy of your insurance card

Check all items that apply, past or present, to your health history. Explain any “Yes” answers.

MEDICAL HISTORY:

ADHD Yes No

Convulsions/ Seizures yes No

Hemophilia Yes No

Asthma Yes No

Diabetes Yes No

Heart Trouble Yes No

Cancer/ Leukemia Yes No

High blood pressure Yes No

Kidney disease Yes No

Explain:

ALLERGIES: Food, medicines, insects, plants Yes No

Explain:

List any medications to be taken at camp:

List any physical or behavioral conditions that may affect or limit full participation in swimming or playing strenuous physical activity

LIABILITY RELEASE FORM

Participant(s) Name: _____

Address: _____

Telephone: _____

Request is hereby made for permission for my son/daughter(s) to participate in the Camp 911 and related exercises conducted by the Boone County Sheriff's Office/ Lebanon Fire Department.

In consideration of receiving such permission, I hereby agree to release and hold harmless The County of Boone, Boone County Sheriff's Office, City of Lebanon, Indiana, the Lebanon Fire Department, and their agencies, officers, and employees, from any and all liability for any injury my child might suffer directly or indirectly arising from the participation of my child in the Camp 911. This release is freely and voluntarily entered into by me in consideration of the grant of permission for my child to participate in the Camp 911, and this release shall be binding upon me and my heirs, beneficiaries, and personal representatives.

Parent or Guardian Signature: _____ Date: _____

Media/Photo Release Authorization

As a parent of a child enrolled in the Boone County Sheriff's Office/ Lebanon Fire Department Camp 911, I understand and agree to the following conditions:

1. Members of various news media outlets will be on site at our camp from time to time for the purpose of recording and reporting to the general public on the success of our program. This may include newspaper, radio, and television.
2. The Department may employ a person to record most of our camp on professional grade television recording equipment for the purposes of creating promotional videos for future events, creating souvenir tapes for the participants, and to create training videos to use in other aspects of our Public Education mission.
3. The Department will be taking photographs during the week, which may be used on our official Department Website or other promotional outlets.
4. Participants and staff members under the age of 18 will only be identified to the media and general public by their first names.
5. My child will only be eligible to participate in the camp if I agree to these conditions and sign below. Refusal to sign this form will prohibit your child from attending our camp.

Parent's Signature _____ Date _____

Personal Safety Presentation

The personal safety presentation is an education program that teaches elementary school-aged children that their bodies belong to them, it is okay to say No to unwanted touches from anyone, to tell a trusted adult, and abuse is never their fault. These messages of empowerment will affect these children for a lifetime, as well as their friends and siblings, and their own children one day.

Yes my child can participate in the presentation No my child cannot participate in the presentation

Parent's Signature _____ Date _____