



NorthBay

NORTHBAY HEALTH INFORMATION FORM

Note to Parent/Guardian/Guest: NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and parent/guardian signature.

SCHOOL NAME: _____

CAMPER INFORMATION

(Camper's) Last Name:		(Camper's) First Name:	Middle:
Birth Date:	Age:	Sex: Male/Female	Height: Weight:
Parent or Guardian Name: Relationship to Camper:			Cell:
Home Address:			Home: Work:
Other Parent or Guardian Name: Relationship to Camper:			Cell:
Home Address:			Home: Work:
List a friend or relative who will care for your child if you cannot be reached:			Daytime: Evening:
Insurance Company: Policy Number:			
<input type="checkbox"/> Not Currently Insured (<i>NorthBay reserves the right to subrogation if it is later determined that personal insurance was in place</i>)			

HEALTH HISTORY *to be completed by parent/guardian*

Health information/activities to be limited:

If the applicant is under the care of a physician for health concerns, please list treatment(s):

Family physician:
Phone Number:

Check the items below your child has or has had in the past and provide approximate dates and/or additional information as needed to care for your child.

Conditions/Diseases	Conditions/Diseases	Allergies
<input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Vegetarian <input type="checkbox"/> Takes medication every day	Provide comment below for these conditions <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Heart condition <input type="checkbox"/> Operations/injuries <input type="checkbox"/> Psychological <input type="checkbox"/> Seizures	<input type="checkbox"/> Hay Fever <input type="checkbox"/> Insects (please list): _____ <input type="checkbox"/> Poison Ivy <input type="checkbox"/> Dietary Restrictions (please list): _____ <input type="checkbox"/> Foods (please list): _____ <input type="checkbox"/> Allergies to Medications (please list): _____

Please provide any additional information on medical, psychological, or behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to know to ensure your child's camp experience is positive:

NORTHBAY OVER-THE-COUNTER MEDICATION CONSENT

I consent to the administration of the below indicated over-the-counter medications which will be available, at no charge, for all campers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. These medications are approved by the Vice President-Medical Director, Employee Health and Wellness of Erickson Retirement Communities using the recommended doses from the manufacturers. The below approved medications are intended for occasional use only. **If your child requires any medication on a regular basis, you must obtain a written order form from your health care provider and supply the medications.**

Please make available the following medication to my child (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen (like Tylenol for pain & fever) | <input type="checkbox"/> Antibiotic Cream (for minor cuts/scrapes) |
| <input type="checkbox"/> Ibuprofen (like Motrin for pain & fever) | <input type="checkbox"/> Loratadine (like Claritin for allergies) |
| <input type="checkbox"/> Calamine Lotion (for itching) | |
| <input type="checkbox"/> Diphenhydramine (like Benadryl for allergies & stings) | |

Signature of parent/guardian:

Date:

(These medication will not be given without parent/guardian signature above)

NORTHBAY PARENT/GAURDIAN CONSENT AND RELEASE FORM

At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judjment and purposeful sound programming. The childrens safety and well being is everyones concern. As a policy of NorthBay we require that a Release of Liability Form be signed as a requirement to attend camp.

HEALTH CONSENT AND LIABILITY RELEASE

I am the parent or legal guardian of _____ (the "Camper") who wants to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). I agree to sign this Health Consent so my child can attend camp. I promise the information given on this Health Form is complete and accurate. It is true that the Camper has had all immunizations required by the Maryland DHMH Recommended Childhood Immunization Schedule and that the school has these records.

If I cannot be reached in an emergency while my child is at camp, I give permission to the physician selected by the camp director to hospitalize, order proper treatment for, and/or order injections, anesthesia, or emergency surgery for my child. If something were to happen to my child, a doctor selected by the camp may treat him/her for any injury/illness. I understand medical information about my child is confidential and protected under state and federal law. I give permission for the camp nurse to dicuss my child's medical information wiht his/her health care provider if my child is ill, injured, or takes medications. I give permission for the camp nurse to share information about my child with his camp teachers, counselors, and dining when necessary to protect his/her health and safety.

I understand that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I give my permission for the Camper to participate in all of the activities while at NorthBay and agree on behalf of the Camper that I and the Camper assume all risks. I also agree both for myself and on behalf of the Camper to release NorthBay, its employees, agents, and related entities from and against any and all claims, injuries, and liabilities of any kind that happen while the Camper attends camp, doing any activity connected in any way to the NorthBay program, or caused by any inappropriate behavior on the part of the camper. However, NorthBay will be responsible for claims caused by the gross negligence or intentional misconduct of NorthBay. I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without payment or approval rights, for use in materials created for promoting NorthBay.

The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree on behalf of the Camper and myself that any lawsuit brought against NorthBay shall be brought solely in the Circuit Court for Cecil County, Maryland and, in connection with any such lawsuit, I agree on behalf of myself and the Camper that the trial will be conducted and determined by the Judge assigned to such trial, and voluntarily waive any right the Camper or I may have to a jury trial.

Signature of parent/guardian:

Date:

*** Please Note: If your child takes medication on a regular basis, you are not finished with your paperwork. Fill out the attached Medication Form for each medication your child takes on a regular basis and make sure you have a doctor's signature for these medications.***