

Traver School's Camp Traver Registration, Health Information, and Emergency Care Plan

Please complete one form for each child.

Child's Information:

First Name: _____ M.I.: _____ Last Name: _____ Gender: M / F
 Birthdate: ____/____/____ Grade: _____

Please list both parents or N/A if not applicable.

Parent/Guardian 1 Information:

First Name: _____ M.I.: _____ Last Name: _____ Gender: M / F
 Address: _____ City: _____ ZIP: _____
 Best phone to call when the child is at Camp Traver: _____

Parent/Guardian 2 Information:

First Name: _____ M.I.: _____ Last Name: _____ Gender: M / F
 Address: _____ City: _____ ZIP: _____
 Best phone to call when the child is at Camp Traver: _____

Emergency Contact/Alternate Pick-Up Person 1 (For PM Camp) Information:

First Name: _____ M.I.: _____ Last Name: _____ Gender: M / F
 Address: _____ City: _____ ZIP: _____
 Best phone to call when the child is at Camp Traver: _____

Alternate Pick-Up Person 2 (for PM Camp) Information:

First Name: _____ M.I.: _____ Last Name: _____ Gender: M / F
 Address: _____ City: _____ ZIP: _____
 Best phone to call when the child is at Camp Traver: _____

Medical Information: Information parents provide is only for the safety and care of the children. All information will remain private.

Does your child have any medical conditions we should know about?

Any allergies?

Triggers that may cause any of the above problems:

Signs or symptoms to look for:

Steps the Camp Leader should follow:

When to call parents regarding symptoms or failure to respond to treatment:

When to consider that the condition requires emergency medical care:

Addition information that may be useful:

Is the child currently taking any medication? Y / N

If yes, the medication will need to be administered during the school day.
 Camp staff will not administer medication.

Sunscreen may be used when children go outdoors.

_____ I authorize the Camp leader to help my child apply sunscreen.

_____ I authorize the Camp leader allow my child to self-apply sunscreen.

Parent Authorization:

- I agree to release Camp Traver and Linn J4 School District from any liability for the risk of illness, accidents, or injury.
- I grant permission for my child to participate in all planned activities at Camp Traver. Children will stay on the schoolgrounds.
- I give my consent for emergency medical care or treatment to be used. I authorize the Camp Traver leader to administer first aid. Attempts will be made to contact parents immediately.
- I have spoken with my child about proper behavior during Camp Traver. We understand that poor behavior could lead to dismissal from the program.
- I understand that I will be expected to purchase snacks/food to share with others at Camp Traver.
- Camp Traver is not responsible for lost, stolen, or damaged personal items.
- I authorize Camp Traver to take pictures for school slideshows and social media. No names or identifying details will be shared.
- I understand that all required forms must be filed with the office before my child attends Camp Traver.
- I understand that the days my child attends Camp Traver are scheduled. I must give notice if my child's Camp Traver schedule changes or my child withdraws to the school office.
- I understand that in signing this form, I agree that I have read and will follow all the policies and procedures in the Camp Traver handbook.

More information on reverse →

Camp Traver Attendance

Camp Hours: 7:00 AM-8:10 AM

3:35 PM-5:30 PM

Mark the days and times you wish your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

For AM Camp: approximate time of arrival _____

For PM Camp: approximate time of pick-up: _____

We understand that schedules may change, but this is not a "drop in" program. Children can only attend the days that have been pre-arranged. Contact the office for schedule changes so we may try to accommodate your needs.

I have carefully read the Camp Traver handbook, read and filled out both the front and back of this page, understand my responsibilities, and I have discussed the rules with my child.

Parent Signature

Date