**Pick-Up Authorization:** Please list the people authorized to pick up this child from camp or bus stops. Children will be released to authorized people and emergency contacts ONLY. Please bring photo identification when picking up campers.

<table>
<thead>
<tr>
<th>NAME</th>
<th>DAYTIME PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tell us about your child:**
Information will be used to help your camper have a great camp experience. All information will remain confidential. Are there any special considerations necessary to help your camper have a safe and successful experience at camp (health/emotions/behaviors)? Feel free to attach extra pages if necessary.

**Demographics (optional)**
We have been asked to track the following demographic information for grant-reporting purposes and to better serve our community. Information will remain confidential.

- **Ethnicity**
  - African American
  - Asian American
  - Caucasian
  - Hispanic
  - Multiracial
  - Native American
  - Other

- **Number of people in your household?** ________________________________

**Household Income**

- Below $12,000
- $12,000–$20,000
- $20,000–$35,000
- $35,000–$50,000
- $50,000–$75,000
- over $75,000

**Allergies**
- No known allergies
- Food
- Medicine
- Environmental
- Other

Describe allergy and reaction seen: __________________________________________________

**Diet/Nutrition**
- Camper eats a regular diet
- Camper eats a vegetarian diet
- Camper has special food needs

Special dietary needs: ____________________________________________________________

**Restrictions or Adaptations**
Camper can participate:
- Without restrictions
- With these restrictions/adaptations:

**Medication**
- This camper does not take any medication.
- This camper takes the following medication:
  - Medication description ______________________________________________________

*IMPORTANT:* Medication must be sent with instructions. Ask your pharmacist for an extra labeled container with the full week’s dosage to be given to your child while at camp. Medication must be given to camp staff on the first morning of camp. Please return “Permission to Administer Medication Form,” which you will receive with your e-mail confirmation.

May over-the-counter medications be given to camper for aches and pains?  □ Yes  □ No

**General Release of Liability and Authorization for Treatment**
This health history is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities except as noted. These completed forms may be photocopied for trips out-of-camp. In consideration for being allowed to participate in the Kalamazoo Nature Center’s programs, I agree to assume the risk of such activities and programs and I further agree to hold harmless the Kalamazoo Nature Center and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned camp activities including hiking and out-of-camp trips by van or bus, understanding that competent leadership is provided. The Kalamazoo Nature Center is not responsible for lost, stolen, or damaged personal articles. I also authorize the Kalamazoo Nature Center and its assignees to use any photograph or likeness of me or my child for print or electronic promotional purposes. I hereby give permission to the medical personnel selected by the camp staff to order x-rays, routine tests, treatment, and necessary transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child as named above. I acknowledge that this General Release of Liability and Authorization for Treatment of the Kalamazoo Nature Center is legally binding on me personally and on my heirs, personal representatives, successors, and assignees.

**Immunization History**
Official record of childhood immunizations form is required to attend camp. If your child is not fully immunized you will need to provide a certified waiver, which can be obtained at your local health department. These forms will need to be mailed, faxed, or emailed to KNC Camp prior to attendance.

All immunizations up-to-date?  □ Yes  □ No

**General Health History**
Check all that apply:
- Has been hospitalized
- Has had surgery
- Recurrent/chronic illness
- Recent infectious disease
- Recent injury
- Asthma/wheezing/shortness of breath
- Diabetes
- Seizures
- Headaches
- Wears glasses, contacts, or protective eyewear
- Fainting/dizziness

Explain any of the items checked above. Attach an extra sheet if necessary.

**Mental, Emotional, and Social Health**
Check all that apply:
- Has been treated for ADD/ADHD
- Has been treated for emotional/behavioral difficulties
- Has been treated for an eating disorder
- Has seen a professional to address mental/emotional health concerns in past 12 months
- Has had significant life event that continues to affect camper

Explain any of the items checked above. Attach an extra sheet if necessary.

**Medical Insurance Information**
- This camper is covered by family medical/hospital insurance.

**Health Insurance Company**

**Insurance Policy Number**

**Doctor’s Name**

**Doctor’s Phone Number**

**Signed by Parent/Guardian**

**Date**