

EVERGREEN AVIATION & SPACE MUSEUM: BASIC HEALTH INFORMATION

Date of last DTaP/DTP/DT/Td: Year _____ Phone: _____

Camper's Physician or Health Care Facilitator: _____ Phone: _____

Please circle all that apply: ADD ASTHMA-WILD Hearing-Impaired Mobility limitations
Seizures or Epilepsy Diabetes ADHD ASTHMA-SERERE Developmental Delay Speech/Language Impairments

Allergies (list all allergies plus reaction and treatment):

Medications (list all including dosages to be taken at comply):

Special Dietary Needs: _____

Describe any special needs, chronic illness, recent operations or injuries, health or emotional issues which might affect participants in regular camp activities:

AUTHORIZATION/RELEASE:

My child/ward has permission to participate in the camp activities and trips during the session(s) and program(s) for which he/she is enrolled. This may include rocketry and/or flying aircraft. I understand that camp activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants. I will assume that my child is properly for all activities including having proper clothes and equipment, being in good health, and willing and able to abide by camp policies. I recognize that campers must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to themselves and others. Failure to adhere to camp policies will be cause for dismissal without refund of the camp fee. In the event my child is photographed, filmed or recorded while participating in summer camp, Evergreen Aviation and Space Museum may use the photo, film, or recording for publicity, promotional, or instructional purposes.

I understand that I will be notified as soon as possible in case of any emergency affecting my child is not well or is unable to function in camp. I give permission for the personnel selected by the camp to provide appropriate routine and emergency care of my child and any dispensing of medications and/or transport necessary for that care, including the following medications:

- PABA-Free Sunscreen Antibiotic ointment Saline Eye Solution
- Antiseptic Cleansing Wipes For anaphylaxis (life threatening emergency): Epinephrine

Dosages will be administered according to directions on the package unless a physician directs otherwise.

Please note any of the above medications your child is ALLERGIC to or should not have: _____

In case of medical emergency, after every reasonable effort has been made to contact me, the family physician or the emergency contacts listed on this form: I hereby give permission to the medical provider selected by Director of Education to secure and administer treatment, including hospitalization, for the child named above, and agree to have Director of Education arrange necessary related transportation for my child, and agree to be responsible for expense incurred in these measures.

I understand the above statements and have completed this form to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Mail completed form with signature no later than 30 days prior to start of camp to:

Summer Camp Coordinator
Evergreen Aviation & Space Museum
500 NE Captain Michael King Smith Way
McMinnville, OR 97128

