

# Nebraska Youth Camp

# 2017 Staff Permission Form

Health and permission information

Staff member Last name \_\_\_\_\_

First name \_\_\_\_\_

**Mark items that we should be aware of while we are responsible for your child at camp. Additional information can be added on the back or attached.**

- Bed wetting
- Sleep walking
- Outdoor allergies
- Asthma
- Diabetes
- Heart problems (specify) \_\_\_\_\_
- Seizures
- Recent exposure to communicable disease
- Behavior concerns (specify) \_\_\_\_\_
- Special care or diet: \_\_\_\_\_
- Allergies: \_\_\_\_\_ Type of reaction \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Medications

Per State Law all medications must be turned in to the camp health staff at registration. The camp health staff must dispense all medications. All medication must be in current original container. If it is over the counter medication, it should also be marked with camper name, dosage, and frequency.

**Please list your child's medications with dosage and reason for use:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Emergency Contact:** \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Alternate Emergency Contact:** \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Health Insurance** coverage for this child is provided by: \_\_\_\_\_  
(company name) Please provide a copy of your card

## Authorizations

### Medical

- This health history and medication information is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted on back or attached.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Directory to hospitalize, secure proper treatment, and order injections, anesthesia or surgery for my child as named herein.
- I agree the camp is released from any liability in connection with the above named child except as covered by the camper insurance carried by the camp. (camp coverage is secondary)

### Leaving Camp Grounds

The benefits of the camp program are hampered by interruptions with outside activities. For this reason we encourage as few departures from the camp ground as possible. *If it will be necessary for your child to leave camp during his/her session, please speak with the directors or nurse at registration about scheduling.*

At two week sessions time is build into the Saturday schedule for campers to make a town trip for laundry. Occasionally Senior Session has a camp sponsored activity that takes place in Kearney.

### In the course of the staff member's stay: (please check all that apply)

- My child will depart the camp for the following reason: \_\_\_\_\_
- My child has permission to go to town for  laundry  staff free time  other \_\_\_\_\_
- My child has permission to go to town with  Adult staff (over 21)  Family Member (list below)  Other (list below)

\_\_\_\_\_  
Name/relationship

\_\_\_\_\_  
Name/relationship

\_\_\_\_\_  
Name/relationship

### Departure at the end of camp:

I plan for my child to depart with \_\_\_\_\_. (Please notify the camp if plans change.)  
Name/relationship

### Media usage release (please check one)

Nebraska Youth Camp updates a photo journal of camp activities during sessions on the web site. These pictures are also used in promotional materials and memorabilia in digital and printed format. Such items may include other locations on the camp website, quarterly newsletter, slide shows, etc.

- I withhold permission for my child's image to be displayed in this manner.
- I give permission for my child's image to be displayed in this manner.

Parent/Guardian Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_