

AMOA Summer Camp Health Form

This health form will be kept confidential and used only in the case of an emergency. **A health form is required to participate in any summer camp programs. Please fill out this form as completely as possible.** Thank you!

SECTION I – BASIC CONTACT INFORMATION

Camper's Full Name: _____

Birth date: _____ / _____ / _____ Age: _____

Home Address: _____

Day Phone: _____

Parent/Guardian #1: Name _____

Relationship _____ Day Phone: _____

Parent/Guardian #2: Name _____

Relationship _____ Day Phone: _____

Family Physician: Name _____ Phone: _____

Dentist/Orthodontist: Name _____ Phone: _____

SECTION II – INSURANCE Carrier _____

Group #: _____ Policy #: _____

Policy Holder's Name: _____

Relationship to camper: _____

SECTION III – MEDICATIONS

Will the camper be taking medications while at camp? Yes No (Medications include prescription, non-prescription, inhalers, etc.)

Per Indiana state law, campers taking medications must have your consent for medication distribution and for the use of medical devices. Please list all, including the medication name, prescribing physician, physicians' phone number, and the dosage instructions. When you check-in at camp, please have all medications in their original packaging.

_____ I want the medication or medical devices self-administered.

_____ I want the medication or medical device administered by the Staff.
However, a limited amount of medication for life threatening conditions should be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Medication: _____ Dosage: _____

Take at what times: _____ Reason for Taking: _____

Prescribing Physician: _____ Phone: _____

SECTION IV – ALLERGIES + HEALTH HISTORY

_____ Camper does not have any allergies

_____ Camper is allergic to: _____ Insect Stings _____ Food _____ Other

Please list allergy. Describe reaction and treatment:

Does the camper have any physical limitations or restrictions in regards to physical activities?

SECTION V – HEALTH & SAFETY GUIDELINES

There are many changes we will be implementing based on current health and safety guidelines for camps. The Museum is following guidelines from the Indiana Governor's Office and Indiana Department of Health, & the CDC. Some of the changes we will be making include:

- Decreased camp size
- Campers will stay with the same group and teacher throughout the day.
- Campers will be spaced out, 6 ft. individual seating and kid friendly social distancing. We will spend as much time outdoors as possible.
- All AMOA staff members and campers 8 years and older will be required to wear a face mask. Single use masks are available at the Museum.
- Art materials and tool kits supplied for each individual student to prevent cross contamination.
- Increased cleaning schedules and hand washing procedures throughout the day.
- Classrooms will be cleaned after each use.

SECTION VI – AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

X _____

Signature of Parent or Guardian

Date