

# Camp Kaleidoscope 2011 ~ Admission Information

|  |   |   |   |
|--|---|---|---|
| Child's Full Name  |   | Date of Birth   | Home Phone  |
| Child's Home Address   |   |   |   |
| Parents' or Guardians' Names   |   | Address (if different from child's)   |   |
| List telephone numbers where parents/guardians may be reached while child will be at camp:   |   |   |   |
| <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| Give the name, address, and phone number of person to call in case of an emergency if parents/guardians cannot be reached:   |   |   | Relationship  |
| I hereby authorize the Camp Kaleidoscope personnel to allow my child to leave the school ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. |   |   |   |
|  |   |   |   |

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to \_\_\_\_\_ hospital. I give consent for the facility to secure all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries, and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which camp personnel should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature - Parent or Legal Guardian

\_\_\_\_\_  
Date

# Swimming & Field Trip Permission Form



Child's Name: \_\_\_\_\_

Can your child swim unassisted in the shallow end?

Yes                      No

Can your child swim the width of the pool?

Yes                      No

Is your child fearful of the water?

Yes                      No

Can your child submerge his/her entire body without being fearful?

Yes                      No

Is your child able to swim unassisted in the deep end (water that is 6+ feet deep)?

Yes                      No

Is there any special information about your child that Kaleidoscope teachers will need to know during swimming & field trips?

Yes                      No

If yes, please explain:

Do you give permission for your child to swim at the Circle C Pool with the 2011 Kaleidoscope teachers?

Yes                      No

Do you give permission for your child to attend field trips, using an AISD school bus for transportation?

Yes                      No

Do you give permission for your child to use the inflatable slip-n-slide on the Clayton campus?

Yes                      No

Parent/Guardian Signature: \_\_\_\_\_

**Liability Waiver:** I hereby authorize Camp Kaleidoscope teachers to act according to their best judgment in any emergency requiring medical attention. I hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS Clayton Elementary, Circle C Child Development Center and their sponsors, agents, employees, volunteers, organizers and officials from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury, that may be sustained by my child, or to any property belonging to my child, while participating in the events.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Camp Kaleidoscope

## 2011 • Day Camp Health History

Child's Name \_\_\_\_\_ Sex: M F Age \_\_\_\_\_  
Last First Middle Initial

### Health History (check those that apply)

Disease (include approximate dates)

- Measles \_\_\_\_\_
- German measles \_\_\_\_\_
- Mumps \_\_\_\_\_

#### Allergies

- Food
- Hay Fever
- Insect stings
- Medicine/drugs
- Plants
- Pollen
- Other (specify) \_\_\_\_\_

#### Chronic or Recurring Illnesses

- Heart defect/disease
- Seizures
- Bleeding disorder
- Asthma
- Muscular skeletal Disorder
- Other (specify) \_\_\_\_\_

#### Comment where applicable

- Fainting \_\_\_\_\_
- Constipation \_\_\_\_\_
- Nose bleeds \_\_\_\_\_
- Sleep disturbances \_\_\_\_\_
- Emotional disturbances \_\_\_\_\_
- Specific restricted activities \_\_\_\_\_
- Special medical or dietary regimen to follow \_\_\_\_\_
- Bed wetting \_\_\_\_\_
- Menstrual Cramps \_\_\_\_\_
- Heart problems \_\_\_\_\_

### Please describe condition (give date)

- Operations \_\_\_\_\_
- Broken Bones \_\_\_\_\_ Hospitalization \_\_\_\_\_
- Back or Spinal Injury \_\_\_\_\_ Head/Neck Injury \_\_\_\_\_
- Loss of Consciousness \_\_\_\_\_ Amputations \_\_\_\_\_
- Heat exhaustion/stroke \_\_\_\_\_ Concussions \_\_\_\_\_
- Wear dental appliances or hearing aid \_\_\_\_\_ Wear glasses/contact lenses \_\_\_\_\_

**PLEASE FILL OUT THE "Student Allergy/Medication Form" IF YOUR CHILD HAS ANY SEVERE ALLERGIES THAT MIGHT REQUIRE MEDICATION OR THE USE OF AN EPI-PEN!**

**Important:** Please notify Camp Kaleidoscope if child has been exposed to any communicable disease during the week prior to your camp session(s).

# Student Allergy/Medication Form

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

| CONDITION                  |  |                        |  |
|----------------------------|--|------------------------|--|
|                            |  |                        |  |
| <i>Medication</i>          |  | <i>Expiration Date</i> |  |
| <i>Medication Location</i> |  |                        |  |
| SPECIAL INSTRUCTIONS       |  |                        |  |
|                            |  |                        |  |

**Action Taken**

|  |             |  |
|--|-------------|--|
|  | <i>Date</i> |  |
|  | <i>Date</i> |  |
|  | <i>Date</i> |  |
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|  | <i>Date</i> |  |
|  | <i>Date</i> |  |
|  | <i>Date</i> |  |

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_