



HEALTH AUTHORIZATION/EMERGENCY CONTACT FORM

Camper's Name (last, first, middle) _____

Date of Birth _____ Grade (if applicable) _____

Home Address _____

Health Insurance Provider _____ Policy Number _____

EMERGENCY CONTACTS

Parent 1 _____
Name Home Address

Home Phone Work Phone Cell Phone Beeper

Business Name/Address _____

Parent 2 _____
Name Home Address

Home Phone Work Phone Cell Phone Beeper

Business Name/Address _____

Local persons to be contacted in an emergency OTHER THAN parent or doctor. Law requires two (2) names.

Name Address Phone Number (s)

Name Address Phone Number (s)

Doctor Address Phone Number (s)

Dentist Address Phone Number (s)

In an emergency, I authorize Green Hedges School Summer Camp to take my child to the nearest hospital & I authorize the medical staff to provide if deemed necessary for the well being of my child.

PARENT/GUARDIAN SIGNATURE _____

Date _____

Names and phone numbers of all persons other than parents authorized to pick up my child:

Name of all persons specifically prohibited from picking up my child: _____

- Parents are responsible for providing Green Hedges School Summer Camp with any revisions to this information as soon as changes are known.
- By Fairfax County law your child's health information must be on file with Green Hedges School Summer Camp in order for him/her to attend camp.

HEALTH HISTORY

- CHECK IF YOU WOULD PREFER TO DISCUSS CONFIDENTIAL INFORMATION WITH THE CAMP DIRECTOR RATHER THAN DOCUMENTING IT HERE.
- PLEASE CHECK HERE AND LIST ANY MEDICAL RESTRICTIONS ON YOUR CHILD'S PARTICIPATION IN SCHOOL ACTIVITIES:

CHRONIC OR RECURRING CONDITIONS: Please check all that apply.

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mild |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Severe |

IF ANY OF THESE CONDITIONS ARE LIFE-THREATENING, INDICATE ACTION TO BE TAKEN IN AN EMERGENCY:

DOES YOUR CHILD HAVE A COMMUNICABLE DISEASE?

- No Yes – please identify: _____

ALLERGIES: Please list any allergies to foods, medicines, insect stings/bites, pollen, fur, etc.

ARE ANY OF THESE ALLERGIES LIFE-THREATENING? No Yes – please list the symptoms (hives, difficulty breathing, upset stomach, etc.):

MEDICATIONS: Please list any prescription medications taken regularly at home:

- Please check if your child will require daily or occasional medication while at school. Please list:

AGREEMENTS/NOTIFICATIONS

Child Abuse

Green Hedges School Summer Camp (the "Camp") is required by the State of Virginia Code (section 63.2-1509) to report any suspected instance of child abuse to Social Services. It is the policy of the Camp to inform the Camp Director before making this call.

Illness

If a child becomes ill during camp hours, the parent or guardian will be notified and, if necessary, arrangements will be made to have the child picked up as soon as possible.

The parent or guardian will inform the camp within 24 hours, or the next business day, after his/her child or any member of the immediate household has developed any reportable, communicable disease as defined by the State board of Health, except for life threatening diseases which must be reported immediately.

Medication

Administration of medication of any kind can only occur if the Camp has a valid signed Medication Administration Form on file.

Injury

Regardless of severity, all injuries that occur on Camp property or during off-campus Camp activities must be recorded immediately on an Accident Report form. The form must be completed in detail and signed by parents to acknowledge notification. A copy of the report is kept in the Business Office. The injury prevention plan will be reviewed and updated twice during each calendar year.

Emergency Plans

A completed copy of the GHS Safe and Secure Plan is available for review in the Business Office. A quick reference guide is kept in each classroom and is reviewed by faculty and staff at the beginning of each school year.

Visitation

Pursuant to the State of Virginia Code (Section 63.3-1813) a custodial parent shall be admitted to Camp program.

Notification of a Sick Family Member

By Virginia law, I am responsible as a parent or guardian for informing the Camp if my child or any member in the household contracts a communicable disease. In addition, if my child should fall ill while at school, the Camp will notify me and I will make arrangements to pick up my child or have another authorized adult pick up my child.

Parent Conferences

If parents have questions or concerns specifically regarding the Green Hedges School Summer Camp program, the Camp Director will arrange a meeting upon request.

PARENT SIGNATURE _____ DATE _____

**IF YOUR CHILD WILL REQUIRE MEDICATION WHILE AT CAMP, YOU MUST COMPLETE AND RETURN THE
AUTHORIZATION FOR ADMINISTERING MEDICATION FORM.**