



GREENBUSH
THE EDUCATION SERVICE CENTER

Participant Information

Name: _____ Camp Session: _____ Camp Date(s): _____

Date of Birth: _____ Height: _____ Weight: _____ Grade/Age: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Email: _____

Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Telephone: _____ Secondary Telephone: _____

Type: Home Mobile Work

Type: Home Mobile Work

PARTICIPATION WAIVER

Camp and Retreat Center activities may include hiking in grassy and gravel areas, canoeing, fishing, archery, climbing (while wearing safety equipment and helmets) to heights of 30-40 feet on the high ropes course, running during games, doing lab experiments in Greenbush's Science Center labs, exposure to sun and heat, campfire programs, and group games. I understand all reasonable safety precautions will be taken at all times by Greenbush and its employees during camp activities.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I understand that parts of the Greenbush programs may be physically and emotionally demanding. I agree to follow all safety instructions given by Greenbush staff at all times. I recognize the inherent risk of injury in outdoor adventure activities, and that I must assume the risk of bodily injury, death, or property damage of any kind or nature whatsoever that could result from activities, the unavailability of emergency medical care, or the negligent or deliberate act of myself, another participant, or any other person. I release all staff, agents, contractors, instructors, employees, personnel, administrators, and board of directors of Greenbush from all liability for any bodily injury, death, or property damage of any kind or nature whatsoever that I may sustain as a result of participating in Greenbush Camp activities.

Signature of Camper

Date

Signature of Parent/Guardian

Date

PHOTO RELEASE

During visits, Greenbush staff may take photographs and/or video people participating in our programs for use in educational and promotional materials, in publications, or on our website or social media pages. If you would not like to have your student photographed, please indicate below.

_____ Yes, my child may be photographed _____ Please do not photograph my child

For questions, comments, or special accommodations please contact:
Beth Towner at (620) 724 - 6281 or beth.towner@greenbush.org.



Camper Health History

Camper Name: _____ Camp Session: _____

Please answer the following questions with regard to the camper:

Yes No Do you have any physical or health disability or handicaps (temporary or permanent) that you or your doctor feel would limit your participation in camp activities?

If yes, please explain:

ALLERGIES

Yes No Do you have allergies?

If yes, mark those that apply: Food Tree/Grass Weeds Insect Bites
 Animals Latex Other (please list): _____

Please describe allergic symptoms and remedy:

SEIZURES

Yes No Do you have seizures?

If yes, please explain frequency and describe any visible warning signs:

DIETARY RESTRICTIONS

Yes No Do you have any special dietary needs or restrictions?

If yes, please explain:

MEDICAL INFORMATION

Do you have any of the following conditions?

Asthma Diabetes Speech, Visual, or Hearing Impairment Other: _____

If yes answered above, please provide additional information:

MEDICATIONS

Yes No Will you be bringing any medications to camp? If yes, please fill out a Medication Information Page.

Please be aware, parents must provide any non-prescription or over the counter medications, such as pain relievers (acetaminophen, ibuprofen, aspirin, etc.), antacids (Tums), or antidiarrheals (Pepto-Bismol) for their camper, if they wish for their child to be given said medications, in the event that they need them while at camp. Camp staff will not be able to administer *any* medications not specifically designated for that camper.

MEDICAL AUTHORIZATION

I affirm that the confidential medical information I have provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Greenbush harmless if full disclosure of a pre-existing medical condition has not been provided.

I understand that Greenbush assumes no responsibilities for accidents which may occur in association with Camps. I agree to use my personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the parent/guardian listed above. In the event those individuals cannot be reached, I hereby give permission to the physician or any other qualified medical staff selected by Greenbush to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery deemed necessary. I authorize Greenbush Camp staff to disclose protected health information to the adult in charge, other camp staff, and/or any physician or health care provider involved in providing medical care to my child.

Signature of Participant or Parent/Guardian

Date



Challenge Course Waiver

DISCLOSURE

Greenbush Challenge Ropes Course programs use a variety of activities including warm-ups, games, team building initiatives and high and low ropes course activities. While some of these activities can be physically demanding, they are designed to be within the capability of anyone who is in reasonably good health.

All ropes course activities are presented on a "challenge by choice" basis, meaning that participants choose their own level of participation. Although safety is an extremely high priority of all Greenbush activities, there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury.

The information requested on this form is intended to help inform challenge course staff of any pre-existing medical conditions, and to help determine if consultation with your physician is recommended prior to participating in course programming.

Participant Release of Liability

I affirm that the confidential medical information I have provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Greenbush harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization, or other treatment, which may become necessary.

I understand that parts of the Greenbush Challenge Ropes Course may be physically and emotionally demanding. I agree to follow all safety instructions given by ropes course staff during the sessions. I recognize the inherent risk of injury on the ropes course, and that I must assume the risk of bodily injury, death, or property damage of any kind or nature whatsoever that could result from ropes course activities, the unavailability of emergency medical care, or the negligent or deliberate act of myself, another participant, or any other person. I release all staff, agents, contractors, instructors, employees, personnel, administrators, and board of directors of Greenbush from all liability for any bodily injury, death, or property damage of any kind or nature whatsoever that I may sustain as a result of participating in ropes course activities.

Signature of Participant
(if participant is under 18 years of age)

Signature of Parent or Guardian



Questions or Concerns?

Contact: **Jenn Roetman-Myhr**

Team-Building and Leadership Coordinator

Greenbush Student Enrichment Department

Southeast Kansas Education Service Center

947 W. 47 Highway Girard, KS 66743

(620) 724 – 6281 jenn.roetman@greenbush.org

MEDICATION INFORMATION

Camper Name: _____

Camper Session: _____ Date(s): _____

***ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER, WELL MARKED,
AND GIVEN TO THE CAMP COORDINATOR UPON ARRIVAL.***

Name of Medication	Type of Medication	Dosage	Time to be given	Date given	Time given	Initials
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription					

Special Instructions:

PERMISSION FOR MEDICATION/MEDICAL TREATMENT ADMINISTRATION:

YES, I authorize Greenbush Camp Staff to administer medication and medical treatments as identified above.

Signature of Parent/Guardian

Date