

Camp GBBG Medical & Consent Form

Please complete one form for each child.

Return to Kelle Hartman, Children and Family Educator, at khartman@gbbg.org, or mail to:

Green Bay Botanical Garden

Attn: Kelle Hartman

2600 Larsen Road

Green Bay, WI 54303

Camper _____
 First Middle Last

Nickname _____ Birth Date _____ Gender: Male Female

Medical Information:

Doctor's Name _____

Doctor's Phone _____

Medical Insurance Company _____

Medical Insurance Policy Number _____

Please describe any special health considerations that may affect your child's participation in this camp in the section below.

Allergies? Yes No

Please list all allergies and their severity below.

Does your child require routine medication? Yes No

Please list all medical concerns and medications below.

Please list any limitations on activities below.

Behaviors of which staff should be aware:

Other information to assist staff in providing for the needs of your child:

I attest that my child is in good physical and mental health. Any special considerations are indicated above. In case of accident or illness, I hereby give permission that my child may be given emergency treatment and, further, I authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia, and/or blood transfusions to the above named child that may be ordered by the medical care provider in attendance at the facility deemed necessary for medical treatment. I hereby consent to the release of medical report(s) to any medical care provider and consent to the admission of the above-named child to a hospital. I agree to be responsible for any medical expenses incurred on behalf of my child.

Parent/Guardian Signature

Date

Person to Contact in Case of Emergency:

Name _____ Relationship _____
Address _____ City _____ Zip _____
Day Phone _____ Cell Phone _____

Alternate Emergency Contact:

Name _____ Relationship _____
Address _____ City _____ Zip _____
Day Phone _____ Cell Phone _____

Pick-Up Authorization

I hereby authorize the following individuals to pick up my child in my absence.

Name _____ Relationship _____
Address _____ City _____ Zip _____
Day Phone _____ Cell Phone _____

Name _____ Relationship _____
Address _____ City _____ Zip _____
Day Phone _____ Cell Phone _____

Name _____ Relationship _____
Address _____ City _____ Zip _____
Day Phone _____ Cell Phone _____

Photography Release

I give Green Bay Botanical Garden permission to photograph or video the above named child for use by GBBG and its partners in education programs and events for promotional purposes. I understand and agree that these images may be duplicated, distributed with or without charge, and/or reformatted in any form and manner without payment of fees, in perpetuity.

Note: The child will not be identified by name in photographs.

Parent/Guardian Signature

Date