

CAMP ECOVENTURE REGISTRATION FORM

SECTION I – BASIC CONTACT INFORMATION

Camper's Name			
LAST	FIRST		MI
Birth Date/	Age		
Gender Male Fe	emale Grade entering this	coming September	
Camper attended EcoVenture	e last year? Yes	_ No	
Home Address			
STREET	CITY	STATE	ZIP
Mother/Guardian Name	Nigh ne □ Work □ Cell Night Phon		
Day Phone	Nigh	nt Phone	
Day Phone is \square Hom	e □ Work □ Cell Night Phone	e is \square Home \square Work \square	Cell
Father/Guardian Name	Night		
Day Phone	Night	Phone	
Day Phone is \square Hom	e □ Work □ Cell Night Phone	e is □ Home □ Work □	Cell
Additional Emergency Conta	act	Relationship	
Day Phone	Night	Phone	
Day Phone is \square Hom	Night □ Work □ Cell Night Phone	e is \square Home \square Work \square	Cell
Family Physician Name		Phone	
Dentist/Orthodontist Name		Phone	

SECTION III – HEALTH HISTORY

Camper's Name			
LAS	Т	FIRST	MI
Has the camper had a histon Recent injury, illness or Homesickness Histor Night Terr Dizziness during or afte Hypertension Bleedin Mononucleosis (in last 1 German Measles Mur Hepatitis Joint proble Frequent Headaches I Eating Disorder Diarr Wears glasses or contact	infectious disease ☐ y of Bedwetting ☐ fors ☐ Frequent Ear r exercise ☐ Chest p ng/Clotting Disorder 12 months) ☐ Chick mps ☐ Tuberculosis ms (knees, ankles) Head Injury ☐ Psychea thea or constipation ts ☐ Been Hospitali	☐ Chronic or recurring in Sleepwalks ☐ Infections ☐ Seizure Depain during or after exerts ☐ Diabetes ☐ Pox ☐ Measles ☐ Fractures ☐ Fractures ☐ Frequent Stomachae ☐ Zeed ☐ Wears a Medic A	Illness □ Asthma isorder or Convulsions cise □ Heart Defect/Disease
Special Dietary Needs			
Physical Activities to be li	mited or restricted v	while at Camp	
Behavioral Concerns:			
SECTION IV - MEDICA Will camper be taking med (Medications include prescription If you answered yes, pleas	dications while at ca on, over-the-counter, vit	ramins, inhalers, etc.)	medications.
Medication	Dosage	Take at w	hat times
Reason forTaking			
Prescribing Physician		Phone_	
Medication	Dosage	Take at w	hat times
Reason forTaking			
Prescribing Physician		Phone_	
MedicationReason forTaking	Dosage	Take at w	hat times

Prescribing Physicia	n	Phone	
SECTION V - ALI ☐ Camper does not			
		Poison Ivy/Oak □ 3. Bee Stings □	
Describe reaction ar			
		INJECTOR OR ASTHMA INH	
Camper's Name			
	LAST	FIRST	MI
Camper Uses	\square Asthma Inhaler	☐ Epinephrine Auto-Injector (F	epi Pen)
Name of Medication Dosage of Medication	n: on:	Route of Medicat	ion:
Date of Order: Name of each requir		ce:	
		tion:	
Any special side eff		or adverse reactions to be observe	
		use an asthma inhaler or epinephr ge and skills to safely possess and	ine auto-injector while at camp and use this medication.
Name of Licensed 1	Prescriber:	Date:	
Signature:			
Business Telephone	: ne:		
Name of Parent or Signature:		Date:	
Emergency Telepho	ne:		

Camper's	Name	

You may attach a complete immunization form from your child's Physician or fill out the following immunization information with the month and year of each immunization.

Vaccine	Type of Vaccine 1	Date given	Date Source Site (S or P) 3		(IM		Vaccine Information			Results: Positive/Negative.
	vaceme 1	(mo/day/yr) 2		3	SC, IN or	Lot#	Mfr.	Date on VIS 4	Date given/ Initials	- rositive/Negative.
Diphtheria, Tetanus, Pertussis (e.g.DTaP, DTaP-Hib, DTaP- HebB-IPV, DT, Tdap, Td) Route IM.					Osal)					
Polio (e.g., IPV, Dtap-HebB-IPV) IPV Route SC or IM DtaP-HepB-IPV Route IM.										
Measles, Mumps, Rubella (e.g., MMR, MMRV) Route SC.										
Haemophilus influenzae type b (e.g., Hib, Hib-HepB, DTaP-Hib) Route IM.										
Hepatitis B (e.g., HepB, Hib-HepB, DTaP-Hib) Route IM.										
Varicella (e.g., Var, MMRV) Route SC.										
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) PCV Route IM. PPV Route SC or IM.										
Rotavirus (Rv) Route Oral Never given after 32 weeks of age										
Hepatitis A or C (HepA, HepC) Route IM.										
Human Papillomavirus (HPV) Route IM.										
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide MCV4 Route IM. MPSV4 Route SC.										
Influenza (e.g., TIV, inactivated; LAV, live attenuated) RouteTIV IM. Route LAIV IN.										
TB Mantoux Test Other										

SECTION VIII – RLHT PERMISSIONS & INDEMNIFICATIONS

Camper's Name	
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PERMISSION AND INDEMNITY

I give permission for my child, **named above**, to participate in any and all Rangeley Lakes Heritage Trust youth program activities, including day trips and overnights. I understand that these activities will include vehicle travel, boating, hiking, sailing, swimming, team sports, and other activities which create some risk of injury.

In consideration of the opportunity for my child to participate in youth program activities, I, for myself and on behalf of my child, release the Rangeley Lakes Heritage Trust, its employees, volunteers, directors and officers, and the owners and operators of vehicles and water craft and the owners and lessees of land where youth program activities occur, from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney's fees) occurring to my child in connection with my child's participation in youth program activities. I also agree to indemnify the same persons and organizations from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney's fees) caused to anyone by my child.

Please initial

I give permission for such diagnostic, the physician or surgeon as the said doctor understanding that no operation will be	erapeutic and operative procedures to be performed by a duly licensed shall have deemed necessary for my child, named above, with the performed except in extreme emergency without a reasonable effort age Trust to contact the responsible parent or guardian by telephone or
Please initial	
PARENT/ GUARDIAN ASSUMPTION I hereby certify that my child, named a the Rangeley Lakes Heritage Trust you	ove, has no limitations which would preclude his/her participation in
Please initial:	
	otos / videos taken of my child without present or future compensation esite or in other ways to inform the public about the Rangeley Lakes
Please initial I do not g	ive consent – Please initial
Parent/Guardian Signature	Date
Print name	