



Summer Camp Health Form / Camper Pick Up

Child's Name: _____ Date of Birth: _____

Address: _____ School/Grade: _____

Primary Emergency Contact (name and number): _____

Second Emergency Contact (name and number): _____

HEALTH INFORMATION: Please fill out the information below. If you need more space, please continue on the back of this page.

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware of? Yes No

If yes, was camp participation discussed with the camper's healthcare provider including considerations related to risk of COVID?

Explain health problems and any considerations:

Are there any medications, dietary restrictions, allergies or special needs that we need to be aware of? Yes No

If yes, explain:

Primary physician (name and number): _____

Is your child exempt from any immunizations? Yes No **List any exemptions:** _____

If your child resides outside the United States, a United States territory, or District of Columbia please provide a DHMH-896 form.

Is there anything else we should know about your child? _____

CAMPER PLEDGE: AMM is dedicated to providing an outstanding, safe, and fun experience for all campers. It is each camper's responsibility to follow the expectations listed below. Please read over with your child and sign below.

As a camper at AMM, I will:

- Be respectful towards fellow campers, staff, and animals
- Be responsible for myself and my belongings
- Be safe by following rules and listening to directions

Camper Signature

Parent/Guardian Signature

Pick- Up Authorization: The following people have permission to pick up the child listed above (include parent/guardian names).

Name: _____

Name: _____

Name: _____

Name: _____

MEDIA RELEASE: I agree to grant AMM and supporting partners permission to use my child's comments, voice, photographs, and/or video images, or any combination thereof in print and electronic media ventures by AMM including on websites and TV stations. If I would like to opt out, I will contact community@amaritime.org to decline the terms of this release.

MEDICAL RELEASE: I hereby grant permission for the child listed above to take part in an education program provided AMM. I understand that AMM education program may include being on a boat, on a dock, or other water-related activities. I hereby release the AMM from any responsibility for injury which might occur as a result of participation in AMM programs except for those determined to be a result of gross negligence on the part of the AMM. In the event of an emergency, AMM staff will notify the emergency contact. In an emergency, I also give permission to authorized personnel to carry out first aid and contact the local hospital. I understand that any medical expenses will be billed directly to me or my insurance company.

I acknowledge that the information on this form is accurate to the best of my knowledge, that I have read and understand the above releases, and the summer camp information document.

Parent/Guardian Signature

Date