

Galumpha Gang, July 9-20, 2018

Child Information Sheet

Child's Name: _____ Date of Birth: _____

Health History (Confidential)

Allergies: _____

Describe Allergic Reaction(s): _____

Current Medications: _____

Does your child wear

Glasses_____, Contact Lenses_____, Hearing Aid_____, Corrective Shoes_____, Prosthesis_____

Any other information concerning your child's health about which we should be aware _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Does your child have any condition that would prevent him or her from participating in vigorous physical activity or in any other Galumpha Gang activities? Yes _____ No _____

If Yes, please explain _____

Release Information

Children will be released only to their parents/legal guardians, unless written authorization expands the list of people to whom the child may be released.

I authorize the following people to pick up my child from Galumpha Gang Camp

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If applicable, please specify anybody for whom there is a restraining order or custody restriction:

Emergency Contact: _____ Phone _____

Emergency Contact: _____ Phone _____

If neither I, nor my designee, can be contacted at the time of a medical emergency, I consent to emergency treatment determined necessary by a qualified physician. (Sign) _____ (Date) _____

As a parent, legal guardian or agency representing the child named above, I hereby give consent to enroll my child in Galumpha Gang 2018 operated by Galumpha Inc. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/herself or others. Failure to do so will result in dismissal from the program without refund. Galumpha Gang staff will maintain a safe environment, however I understand that accidents occur. I hereby release Galumpha Gang, Galumpha Inc, and Binghamton University from all responsibility and liability for injury, illness, death, loss and damage. My signature gives Galumpha Gang permission to use all photos and videos taken during camp for promotional purposes. To opt out of such, I will submit a request in writing. I have informed Galumpha Gang staff of my child's medical conditions. All information is accurate and true to the best of my knowledge.

Parent Signature _____ Date _____