

Southeastern Railway Museum

Summer Camp Health Form and Release Information

Please attach a copy of the child's current immunization records

Camper's name: _____

Primary care doctor: _____ Phone #: _____

Emergency contact: _____ Phone #: _____

- Is the camper exempt from immunizations due to medical or religious reasons?
 - YES
 - NO
- Are there any health issues/ concerns we should be made aware of?
 - YES, explain: _____
 - NO
- Will an emergency medical device (e.g. epi pen or inhaler) be provided for asthma or allergies? If yes, you **must** fill out the medication form attached in this packet.
 - YES
 - NO
- Is the camper allergic to anything?
 - YES, explain: _____
 - NO
- Is the camper currently taking any medication we must administer? If yes, you **must** fill out the medication form.
 - YES
 - NO
- Are there any physical, psychiatric, behavioral, emotional, or developmental concerns we should be made aware of?
 - YES, explain: _____
 - NO
- Date of last Tetanus or DPT Shot: _____

Activity Program Release/ Authorization

I hereby represent and warrant that I am the participant's guardian and am authorized to provide the releases, authorizations, and permissions as below and all information above is accurate and complete.

Initials: _____

I hereby give permission for the applicant to participate in all program activities and agree to release, the Southeastern Railway Museum, The Atlanta Chapter National Railway Historical Society, its employees, agents, from all liabilities arising from any harm or injury incurred by the participation of my child in the program above. Unless otherwise indicated by a parent or guardian in writing at the time of registration, photographs of participants for use by the Southeastern Railway Museum or The Atlanta Chapter National Railway Historical Society may be used in publications. No personal information other than the participant's first name will be released under any circumstances except as required by law. The parent or guardian understands that the program is not licensed and is not required to be licensed by the state.

Parent/Guardian name (print): _____

Signature: _____ **Date:** _____

Summer Camp Medication Form

Camper's name: _____

Date of birth: _____ Age: _____ Male / Female

Phone number: _____ Session: **June 17-21** **July 22-26**

Address: _____

If the participant will be taking medication, including epi pens and inhalers, during camp hours, this form must be completed and signed. All medication must be in the original packaging with the printed label that **includes the doctor's name and dosage information. We will not disperse over-the-counter medications.** All medication will be returned back to the parent or guardian on the last day of their camp session.

Name of medication: _____

Reason for medication: _____

Dose: _____

Directions for medication: _____

Prescribing physician's name: _____

Physician's phone number: _____

I hereby represent that I **am the above camper's parent or guardian** and I authorize my child to be given the above medication at the above specified dose. I release the Southeastern Railway Museum, The Atlanta Chapter National Railway Historical Society, and its agents from any and all liability that may result from the medication.

Parent/Guardian name (print): _____

Parent/Guardian signature: _____ *Date:* _____