



Camper Information Form 2010
(Form must be completed in full – one form per child)

Camper name: _____ **Date of birth:** _____ **Grade in 9/09** _____

Pick-up Authorization (Please list all of the people who are authorized to pick-up your child from camp):

Parents cell phone _____ **Business phone** _____

Emergency Contacts (please provide us with at least three people to contact in case of an emergency):

<i>Name</i>	<i>Relationship</i>	<i>Daytime Phone</i>
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Medical History and Information

Camper's Primary Physician: _____ **Phone:** _____

Allergies: Please list any medication, food, or environmental allergies your child has.

Health Issues: Please list any pertinent information for any health problems your child has including physical, psychiatric, or behavior problems.

Medications: Please list any medication your child is taking even if it is only administered at home (including dose, reason for taking the medication, and possible side effects).

Will your child be taking medication at camp? Yes No (If yes, you will be sent a Medication Form to be completed by a physician.)

(OVER)

Emergency Medications: Please list any emergency medications (Epi-pen, inhaler, etc.) that your child will need to have at camp.

_____ Check here if you require **Extended childcare**. Tyler Arboretum offers morning and afternoon extended care. These arrangements must be made in advance. Hours are from 8:00 – 9:00 am and 3:00 – 5:00 pm; please do not drop child off early without prior arrangement. Extended day fee is \$10 per hour/fraction of an hour or \$60 per week. Payment is due on the first day of the camp session.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Drop Off Time					
PM Pick Up Time					

The following topical medication(s) below may be administered to my child:

- Calamine Lotion/Anti-Itch Medication
- Neosporin/Antibiotic ointment
- Suntan Lotion
- DO NOT ADMINISTER ANY OF THE ABOVE

Parental Consent:

Tyler Arboretum has my consent for my child to take part in all programs. I release the Arboretum and its personnel of any liability related to the administration of the over-the-counter medication listed above, if selected. I hereby authorize the Summer Camps staff to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Arboretum from any and all liability for any injuries or illnesses incurred while my child is at camp. The Arboretum also has my permission to secure treatment by a local doctor or area hospital in the event of a medical emergency.

I understand that Tyler Arboretum reserves the right to dismiss any camper whose conduct is detrimental to the Camps. No refund will be issued in such an event. No refund will be issued for withdrawal or absence due to illness or family vacation.

As parent or guardian of the above named camper, I give my permission for him/her to be photographed while participating in Tyler Arboretum’s Summer Camps. I understand the images may be used for publicity purposes.

- Yes No

I have read and understand the registration and information forms, and agree to the conditions stated therein.

Name (please print): _____

Signature: _____ Date: _____

Relationship to camper (parent/guardian): _____

Mail completed form to:
Tyler Arboretum
515 Painter Rd.
Media, PA 19063

If you have any questions, please contact:
Martha L. Moore
610-566-9134 ext. 202
mmoore@tylerarboretum.org
