

Camper's Health Background continued:

Please list any additional information (problems with eating, appetite, problems with peers, friends, family members, school, sleeping, bedwetting, nightmares, behavioral changes). _____

Has your child ever spent the night away from home? Yes No

Child's T-shirt size: Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

How did you hear about Camp Koala? Why did you choose our Camp? Please be specific, it helps. Thanks!

Does your child have any interest such as hobbies, sports, or any special talents?

Bereavement History:

Name of person(s) who child lost _____

Date of death ____/____/____ Relationship to child _____

Did the child live with this person? Yes No Cause of death? _____

Where did this person die? _____ Did the child attend the funeral? Yes No

Bereavement History continued:

Is/has your child received any counseling services/professional psychologist, professional psychiatrist/peer support/Good Grief Club/church counselor? Please explain: _____

Has your child experienced multiple deaths of loved ones? Or other trauma? Please explain. _____

Have there been any other changes / stresses in your child's life such as divorce, illness, remarriage, pet death, change in school or home location? Please explain: _____

Health History

This section will be kept on file with our Staff Nurse

Please list all medications, dosages and times given. ANY and ALL medications need to be accompanied by a signed letter from your child's family physician with medications, dosages and times given. **Any and all medications will be kept in the nurse's station at all times.** _____

Child's Height _____ Child's Weight _____

May we dispense Tylenol or Motrin to your child in the appropriate dosage based on age and weight if necessary? Yes No Date of last tetanus shot? ____/____/____

Physician's Name _____ Phone(_____)_____
First Last

Are there any activities that your child may not be able to participate in while at camp? Please explain: _____

Child's Health History

- | | | |
|---|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Wears contacts |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> HIV | |

Other _____

Camp Koala Indemnification Agreement

1. I, _____, hereby give permission for my child, _____, to attend Camp Koala on June 11, 12, and 13, 2010. I understand that the goal of Camp Koala is to help facilitate the bereavement process and to provide support for my child in expressing their feelings of grief.

2. I give permission for my child to be photographed, videotaped, audiotaped or interviewed during Camp Koala under staff supervision. This material may be used for future publicity of Camp Koala including for use by the news media.

Signature of Parent/Guardian Date ____/____/____

3. In consideration of the above-named child being granted permission by Camp Koala, Inc., to attend Camp Koala,

I, for myself and behalf of my child, release and discharge Camp Koala, Inc., its agents, Board of Directors, Officers, Volunteers, Executive Director, from all claims, demands, actions and judgments, which I or my child ever had or now has or may have against Camp Koala for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her negligence or any other fault.

Signature of Parent/Guardian Date ____/____/____

Indemnification Agreement

4. Also, in consideration of the above-named child being granted permission by Camp Koala, Inc., to attend Camp Koala, Inc.;

I agree to indemnify and hold harmless Camp Koala, Inc. for any and all claims, demand, actions and judgments whatsoever of every name and nature, both in law and equity, which my child ever had or now has or may have against Camp Koala, for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her attendance at Camp Koala, including but not limited to, injury caused by or arising from Camp Koala's own negligence.

I, the undersigned, have read this release and understand all of its terms.

Signature of Parent/Guardian Date ____/____/____