



CAMP HEALTH HISTORY & AUTHORIZATION 2018

This form to be completed by the parent/guardian
REQUIRED for ALL Campers



Camper Name: _____

Date of Birth _____ Age _____ Gender _____ Height _____ Weight _____

1. _____ authorize The Village Academy and/or The Village Academy North to approve medical attention for my child, _____ in the event of an emergency during the time that they are in attendance.

2. My child has permission to attend field trips: Signed: _____
Any exceptions to field trip attendance must be listed here: _____

3. My child may be photographed and the photos may be used for publicity without names on our website, social media, displays on our campus and in publications:
Signed: _____

4. My child is able to consume store-bought or home-prepared food brought in by staff or families including but not limited to: Birthday parties, celebrations, cooking projects and field trips.
Signed: _____ Allergies: _____

5. I have read, understand and agree to the disciplinary procedures used at The Village Academy, which are positive reinforcement, redirection and quiet time to calm down when necessary, that is published by The Village Academy as well as the behavioral guidelines in this packet.
Signed: _____

6. I have been supplied a copy of the Flu Brochure from the State of Florida and understand it.
Signed: _____

7. I have been supplied a copy of the "Know Your Child Care Facility" Brochure from The Department of Children and Families. Signed: _____

8. Meals provided are AM Snack, Lunch, and PM snack daily. My child's days of care are:
(Please circle) M T W Th F

9. Restrictions (physical or dietary):

10. Illnesses, Conditions (please list):

11. Are there prescription drugs that must be administered during camp time according to doctor? This includes emergency prescriptions such as an epi-pen (please list):

12. Behavioral, Emotional and Mental Health (please list):

14. Other:

- Please note: A plan of care must be completed for any children with specific medical conditions or dietary restrictions. (e.g. asthma, food allergies, seizures, etc.)

