

2023 Camp Recky

Camper Health Information

Parents/Guardians: Please follow the instructions below. Attach additional information as needed. This form shall be completed and returned by **May 5 2023 to avoid a \$15 late fee per camper.**

1. Complete all pages (4) of this form and make a copy for your records.
2. Send the original, signed form to Camp Recky by May 5, 2023

Camper Information

Note: All forms must be scanned in or dropped off at the community programs office.

Email: agegroup@osu.edu

Camper's Full Name: _____ Preferred Name: _____ Date of Birth: _____ Male _____ Female _____ Other Identity _____

Age on arrival at camp: _____ Returning Camper: Y _____ N _____ Camper will attend camp from: _____ (mth/day/year) to _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

List up to two (2) friends that your child would like to be with (must be in the same camp): 1. _____ 2. _____

How are the parent(s)/guardian(s) of this child affiliated with OSU?

OSU Faculty /Staff Medical Center employee OSU Student Prior Camp Recky family Non Affiliated- Community Member

Contact Information

Primary Parent/Guardian*

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Parent/Guardian Name: _____ Relationship to child: _____

Home Address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Where can you be reached while your child is at camp? _____

Second Parent/Guardian:

Parent/Guardian Name: _____ Relationship to child: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Where can you be reached while your child is at camp? _____

*Please note that the primary parent/guardian is the only guardian that can modify the authorize pick up form.

Emergency Contact Information

Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the camp and able to take responsibility for the camper in case you cannot be contacted.

Name: _____ Relationship to Child: _____

City: _____ State: _____ Phone: _____

Other numbers for Emergency Contact: _____

Name: _____ Relationship to Child: _____

City: _____ State: _____ Phone: _____

Other numbers for Emergency Contact: _____



THE OHIO STATE UNIVERSITY

OFFICE OF STUDENT LIFE
RECREATIONAL SPORTS

Health Insurance/Physician Information

Insurance Company: _____ Phone: _____ Policy #: _____

Camper's Primary Doctor: _____ Address: _____ City _____ State: _____ Phone Number: _____

Allergies, Special Health or Medical Conditions and Food Supplements:

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring camp staff to monitor the condition, provide treatment, care or to give medication, you will also be required to fill out a Medical/Physical Care Plan.

Please Note: Camp Recky will receive, approve, and administer medication to children when the medication is needed for chronic or life-threatening conditions (such as asthma treatments or emergency allergy medication). Other medications, such as antibiotics, which can be administered outside of camp hours, should be cared for by parents rather than the camp staff. If your child will need any medication while at camp you will be required to complete a request for medication administration form.

1. Does your child have any allergies? (check all that apply) None Food Medication Environmental

Please list and explain: _____

Does your child's allergy/allergies require camp staff to monitor child for symptoms, take action if a reaction occurs or give emergency medication to your child? (check one)

No Yes If yes, please explain: _____

2. Please indicate any of the following that apply to your child:

<input type="checkbox"/> Allergy to a medicine, food, animal, or insect toxin	<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Contact lenses	<input type="checkbox"/> Bleeding disorders
<input type="checkbox"/> Any condition that may require special care, medication, or diet	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dentures
<input type="checkbox"/> Seizures	<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Heart trouble			

3. Is your child currently using any medication (prescription or over-the-counter), food supplement, or medical food (such as electrolyte solution)?

No Yes (please explain) _____

If yes, please list medication, dosage, and time administered. _____

4. List any history of hospitalization, outpatient surgery or previous health condition that would be needed to assist the staff or medical personnel in an emergency situation: _____

5. Is your camper able to communicate with our staff in English? (Please circle one) Yes No

If No please provide us information on the best way to communicate with your child:



6. Do you have any suggestions on successful behavior management techniques for your child that staff should be aware of (Must put an answer)

Any other request?

7. Does your child have any additional restrictions?

I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe). _____

Immunization History

Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable, please attach to this form.

Immunization	Dose 1 (mo/yr)	Dose 2 (mo/yr)	Dose 3 (mo/yr)	Dose 4 (mo/yr)	Dose 5 (mo/yr)	Most recent (mo/yr)
Diphtheria, Tetanus, Pertussis (DTaP or TdaP)*						
Tetanus booster (dT or TdaP)*						
Mumps, Measles, Rubella (MMR) *						
Polio (IPV)*						
Haemophilus Influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (Chicken Pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal Meningitis (MCV4)V4)						
COVID-19						

In case of emergency or illness, every effort will be made to contact the parents or guardians. In the event that contact cannot be made, I hereby grant permission for physicians, dentists, or other licensed health care providers and their designees employed by The Ohio State University to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary, or to refer to duly licensed medical personnel when indicated. I understand and accept any and all risks that may be associated with my child not having received all doses of immunizations for which their age makes them eligible. By signing below, I also acknowledge that during the course of an outbreak of any of the diseases listed within the "Immunization History" section for which my child is not immunized that my child may be subject to exclusion from camp for the duration of the outbreak for health and safety reasons.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

2023 Camp Recky Camper Pick Up Authorization

If you need to have anyone other than a parent/guardian pick-up your child, a completed and signed Pick-up/Release Authorization Form must be submitted to the Community Programs office prior to the camper's departure from camp. For everyone's safety we cannot accept phone messages or notes provided by unauthorized individuals picking up campers after their sessions. For your child's protection we cannot make any exceptions to this policy. Please, only one camper per form. Please complete additional forms for additional campers. **Please note: The only person able to make changes to your authorize pick up sheet is the primary Guardian.**

Authorized Person(s) for Pick Up:

As legal, custodial parent/guardian of (camper's full name) _____, I (parent/guardian name), _____, give the following individuals my permission to pick-up my child:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____
4. Name _____ Phone _____
5. Name _____ Phone _____

I understand that neither Camp Recky nor any of its representatives can be held responsible for my child once they are under the supervision of the individual listed above. For the safety of the camper, Camp Recky representatives may ask the individual listed above to verify their identity by showing an official picture ID (drivers license, ID card, current passport, etc.) prior to releasing the camper.

Legal Custodial Parent/Guardian Signature: _____ Date: _____

Un-authorized Person for Pick Up:

Please notify camp in writing if there is someone who should not be allowed to pick-up your child. If a family member is not permitted to pick-up your camper, a copy of the court order must be forwarded to the Camp's attention. The following are legally unable to pick up my child. A copy of a court order is enclosed.

- Name _____ Relationship _____
- Name _____ Relationship _____
- Name _____ Relationship _____

Legal Custodial Parent/Guardian Signature: _____ Date: _____



2023 Camp Recky

RELEASE OF ALL CLAIMS FOR PARTICIPANTS IN COMMUNITY PROGRAMS

Because participation in community programs involves physical activity with risk of personal injury or damage to property, it is the policy of The Ohio State University to require participants to execute this release form.

1. In consideration of, and as a condition for the members of my/our family being granted the opportunity to faculty members and agents of The Ohio State University who arranged, advised, or supervised any function of this activity for myself/ourselves and the members of my/our family and our heirs, executors, administrators, and assigns from all claims, demands, actions and causes of action for personal injury or any other damage now existing or which may arise out of, or be in any way related to, their negligence or other conduct associated with this activity.
2. I/We do hereby also agree to acquire prior to participation in this activity and maintain in force during the period in which the members of my/our family will be engaged in this activity, a policy or policies of health and accident insurance covering hospitalization and treatment for any injuries for all participating members of my/our family sustained as a result of such activity. Such insurance shall be through an insurance company authorized to do business wltH1n the state of Ohio and shall provide coverage similar to that coverage obtained by students through the university.
3. I do hereby release my permission to have photographs that my child or I appear in be used for promotion of the Student Life Recreational Sports.
4. I do hereby release my permission to transport my child by commercial vehicle and/or Campus Area Bus Service and/or Student Life Recreational Sports van and/or by foot to locations where additional camp activities may be held or in the event of medical emergency.
5. I understand that registration for any community programs offering entitles the registered participant to access to his/her activity during the set program schedule. Family members may accompany the participant for the purpose of watching during the program's scheduled time. This registration does not extend any membership privileges to Student Life Recreational Sports' facilities for the participant or family members, Non-member participants abusing this policy may be removed from the program and refused further registration. If interested in purchasing a Recreational Sports membership, visit recsports.osu.edu or call 614-688-8787.

I/WE HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE PROVISIONS

Signature of Participant (18 or older): _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

