

YMCA Camp Bishop Camper Release Form

This document identifies people who are authorized to pick-up and/or be contacted regarding the below-named child. Persons listed on this form are understood to be contacts for camp to use while the camper is in the care of camp, and able to be contacted to pick-up the camper as needed (due to behavior, illness, or at the end of the session). The person dropping off/picking up the child must sign this form at camp, and a camp staff member must witness the signature. Only authorized adults listed on this sheet may pick up children from camp. **Photo identification will be required at pick up**, for your child's safety. Please notify Camp Bishop if there are any changes (360) 482-5930.

Camper's Name _____
Last First Middle Initial

Registered Session: _____
(If the camper is attending more than one session, please complete an additional release form per session)

Camper lives with (circle one): Mother / Father / Both: together / Both: separately / Other: _____

I authorize the following adults to pick-up my camper from camp as necessary should he/she need to leave camp early due to illness, injury, or behavior, and at the end of the session. I have informed them that they are listed here and might be contacted.

Camp Bishop will only release campers to adults listed here regardless of their relationship to the camper, or being listed on another form. **Therefore, please make sure to list all appropriate guardians, parents, relatives, and friends.** Please be attentive to when your camper's session ends and have an adult listed here scheduled to pick him/her up.

<u>Name</u>	<u>Relationship to Camper</u>	<u>Day Phone</u>	<u>Cell/Evening Phone</u>

Please do not write below this line – to be completed at camp check-in

Camper Drop-Off: I am dropping off the above-named camper at YMCA Camp Bishop.

Signature _____ Date _____

Staff Witness _____

Camper Pick-up: I am picking up the above-named camper at YMCA Camp Bishop.

Signature _____ Date _____

Staff Witness _____ Time _____

(Please see reverse)

YMCA Camp Bishop Store Deposit Form

Please submit this form with your camp store deposit during check-in.

Please consider donating the unspent balance to our Strong Kids Camp Bishop Campership fund. Otherwise, unspent money (to the nearest dollar) will be refunded at check-out.

Our Camp Store offers campers a place to purchase souvenirs, gifts for family, and perhaps their first experience with managing money.

Camper's Name _____
Last First Middle Initial

- I do not wish to deposit money into my child's store account (A daily snack and Camp Bishop T-Shirt are provided free of charge.)

Store Deposit Calculation

- I would like to deposit money for other store items.
 (Items range in price from \$1 to \$10)
 A daily snack is provided free of charge.

_____ +\$ _____

- I would like to make a donation to the YMCA Strong Kids Camp Bishop Campership Fund. (Your donation is tax deductible, and supports financial assistance for children who could not otherwise afford to come to camp. Thank you for your support.)

_____ +\$ _____

Please donate the end of session balance of this account to YMCA Strong Kids Camp Bishop Campership Fund.

Total Deposit:=\$ _____

Parent/Guardian Signature _____ **Date** _____

.....Please do not write below this line.....

YMCA Camp Bishop Store Record

Date	Item Purchased	Balance Forward		Credit	Debit	Balance
Ending Balance						

YMCA Camp Bishop Health & Medical History Form

- ▲ The information on this form helps us provide the best care for your child; please notify camp staff if there are changes to this form.
- ▲ All medications (prescription, over-the-counter, & supplements) brought to camp must be listed on this form and in their original container.
- ▲ This form is used strictly as confidential health information. Information important for your child's cabin leader to know should be repeated on the "Letter to my Child's Leader."

Camper Name _____
Last First Middle Initial

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Gender M F Birthdate _____

Grade as of 9/09: _____ Age: _____

Camper lives with (circle one): Mother / Father / Both: together / Both: separately / Other: _____

1st Parent's/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

2nd Parent's/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Additional Contacts – If the above are unreachable these will be contacted in case of camper illness/behavior

1. Name _____ Relationship to Camper: _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship to Camper: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Information – Is the participant covered by family medical/hospital insurance? Yes No

Carrier/plan name _____ Group # _____ ID# _____

Name of Insured _____ Relationship to Camper _____

First Aid / Medical Treatment at Camp

The following over-the-counter medications are used at camp. Feel free to cross out any products that you do NOT want your child to have.

I give permission for the following medications to be administered for common ailments:

Sunscreen	Pepto Bismol	Saline Eye Drops	Tums	Bee Sting Swabs	1% hydrocortisone Cream
Tylenol	Advil	Cough Drops		Aloe Vera gel	Triple Antibiotic Cream

Authorization to Provide Necessary Treatment or Emergency Care

I hereby give permission to medical personnel selected by the camp director to order x-rays, routine tests, or other treatment; to release any records necessary for insurance purposes; to release a diagnosis and prescription to camp staff; and to provide or arrange any necessary related transportation for my child. If I cannot be contacted, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization. Both sides of this form are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted on this form.

Parent/Guardian's Signature _____ Date _____

Please print name _____ Please complete both sides of this form.

