

# Shell Lake Arts Center - Health History Questionnaire

Participant's Full Name:		Camp Attending:	
Home Address:	Home Phone:	Age of Camper: Sex: M F	Date of most recent physical exam:
Parent/Guardian (and address if different):	Relationship:	List all allergies: Foods: Latex: Insect Stings: Environmental: Drugs:	
Parent/Guardian Work Phone: Email:	Cell Phone:	Does participant take medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Identify on the back of this page. (consent for medication administration must be signed on reverse.)	
Alternate contact in the event that the Parent/Guardian cannot be contacted during an injury or illness. (Name, Relationship, Address, and Telephone Number)		Has participant had or presently experiencing: Yes No <input type="checkbox"/> <input type="checkbox"/> Attention Deficit/ADHD <input type="checkbox"/> <input type="checkbox"/> Asthma/Lung Disease <input type="checkbox"/> <input type="checkbox"/> Bipolar Disorder/Depression <input type="checkbox"/> <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> <input type="checkbox"/> Bone/Joint Disorder <input type="checkbox"/> <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Colitis, Ulcer, or Heartburn <input type="checkbox"/> <input type="checkbox"/> Diabetes <input type="checkbox"/> <input type="checkbox"/> Epilepsy/seizures/blackouts <input type="checkbox"/> <input type="checkbox"/> Heart disease <input type="checkbox"/> <input type="checkbox"/> Infectious Diseases (hepatitis, herpes, HIV, TV, others) <input type="checkbox"/> <input type="checkbox"/> Kidney disease <input type="checkbox"/> <input type="checkbox"/> Menstrual problems <input type="checkbox"/> <input type="checkbox"/> Other Mental Conditions (panic, schizophrenia, others) <input type="checkbox"/> <input type="checkbox"/> Suicide Attempts or Gestures  Other: _____	
Physician Name:			
Physician Work Address:	Telephone:		
Insurance Company:	Policy Number:		
Name of Insured:			
Immunization Record <input type="checkbox"/> Yes <input type="checkbox"/> No MMR (measles, mumps, rubella) Dose 1 <input type="checkbox"/> Yes <input type="checkbox"/> No MMR Dose 2 <input type="checkbox"/> Yes <input type="checkbox"/> No Tetanus-Diphtheria Year of last tetanus booster (must be within last 10 years) _____			
Has participant ever had major surgery or been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any operations, accidents or illnesses (physical or psychological):			
Does the participant have any physical or mental condition(s) or diagnoses(s) requiring special considerations? Explain.			

Camp Attending: \_\_\_\_\_

Dates: \_\_\_\_\_

## Shell Lake Arts Center

# Consent for Medication Administration and Medical Treatment

### To the Parent(s) or Legal Guardian:

If your son, daughter, or ward will be under the age of 18 while at the Shell Lake Arts Center, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the Camp Health Supervisor.

All medications must be in a medicine bottle and labeled with the camper's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

\_\_\_\_\_ No medication has been brought to camp.

\_\_\_\_\_ I want the medication or medical devices self-administered. (Age 14 and above only.)

\_\_\_\_\_ I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

DRUGS:				
Drug	Diagnosis	Dose, Route, Time	Self Ad?	MD Name & Phone

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment.
- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
- By signing below you agree to hold harmless and indemnify the Board of Directors of the Shell Lake Arts Center and their employees from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp.
- By signing below you give us permission to share this information with the camp physician, nurse, counselors, instructors and staff.

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### For use by Health Staff:

No problems identified or predicted

Self-administered medication

Need medication administered

Comments:

Date: \_\_\_\_\_

Reviewer Initial: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_  
**CAMP ATTENDING:** \_\_\_\_\_

**Shell Lake Arts Center**  
**Handbook Rules Agreement**

Dear Student and Parent(s),

The philosophy of the Shell Lake Arts Center emphasizes that part of our primary mission is to create and maintain an educational atmosphere that allows for the maximum amount of learning to take place in a very short period of instructional time (usually one week).

We feel strongly that having a multitude of “petty” rules and regulations has been unnecessary to maintain this atmosphere. The policies listed in the handbook, however, are not only necessary, but also helpful to students as well as camp staff to allow for maximum learning and enjoyment by all.

It is with this in mind that we request for you and your child sign below and bring this agreement to camp registration.

I, \_\_\_\_\_, parent of \_\_\_\_\_, have read this letter and Shell Lake Arts Center Camp Handbook concerning camp regulations and procedures. I am in agreement that my child will abide by them as stated, and understand that severe or continued disobedience may be cause for dismissal from camp without refund.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

---

**Transportation Release**

I, \_\_\_\_\_, parent of \_\_\_\_\_, give permission to the Shell Lake Arts Center to transport my child to Arts Center sponsored activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

(more on other side)

**Photo/Video Release**

I give permission to be photographed/videotaped during camp, with the understanding that photographs/videotapes will be used only for promotion of the Shell Lake Arts Center. I agree that the Shell Lake Arts Center shall be the owner of, and my use such photographs/videotapes relating to the promotion of future programs. I relinquish all rights that I may claim in relation to the use of said photographs/videotapes.

\_\_\_\_\_

Student Signature Date

---

**Newspaper Release**

I would like a picture and news release of my son/daughter, \_\_\_\_\_,  
sent to our local newspaper after he/she completes camp.

The name of our local paper is: \_\_\_\_\_  
Their email address to which press releases can be sent is: \_\_\_\_\_

**You must include an email address for your newspaper, or a news release will not be sent.**

\_\_\_\_\_

Parent Signature Date

---

**Director Notification**

I would like a notification sent to the music/art teacher of my child to inform them of my child's participation in programs at the Shell Lake Arts Center.

Director name: \_\_\_\_\_  
Director email: \_\_\_\_\_  
School address: \_\_\_\_\_

**You must include all of the above information, or a notice will not be sent.**

\_\_\_\_\_

Parent Signature Date