

Gorman Heritage Farm Camp 2012

Counselor-in-Training Health History, Contact Information, and Releases

CIT Name: _____ **DOB** _____ **AGE** _____

Camp Sessions: _____

General Parent Contact Information:

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact Information

1. Name: _____ relationship: _____

Phone (home) _____ (work) _____ (cell) _____

2. Name: _____ relationship: _____

Phone (home) _____ (work) _____ (cell) _____

3. Name: _____ relationship: _____

Phone (home) _____ (work) _____ (cell) _____

Medical Information

Doctor name: _____ phone: _____

Dentist name: _____ phone: _____

Health Insurance Carrier: _____

Date of last Tetanus shot: _____

Are your child's immunizations up to date? _____ If not, will they be by the time of camp? _____

Medications currently being taken: _____

Allergies/Dietary Restrictions: _____

Are there any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations that we need to be aware during your child's participation in camp? _____

Are there any health reasons we should be aware of that may exempt your child from any activities? Are there any specific activities you think your child should be exempt from?

Medical Treatment Authorization: I give permission to Gorman Heritage Farm to provide routine health care or first aid to my child. In the event of an emergency and I cannot be reached by phone, I hereby give permission for my child to be transported to a hospital for medical treatment.

Parent or legal guardian

Date

(Over)

Release of Claims

Programs at Gorman Heritage Farm are led by highly experienced staff and volunteers. Gorman Heritage Farm provides extensive staff training including first aid, CPR, and holistic group management. However, due to the active nature of our programs and by working closely with animals, unavoidable accidents have the potential to occur. Safe and appropriate behavior will be taught and emphasized during programs. Volunteers may always refuse to do any task or activity that they feel is unsafe.

GHF staff will take every reasonable precaution to ensure volunteer safety. To better insure your safety, the GHF staff needs to know of any and all physical, emotional, or health limitations of which you are aware that might place you at a greater risk than normal while participating in these activities.

Consent and Release of Claims Statement

I have read and understood the preceding paragraph and will complete the emergency medical form to the best of my knowledge. I agree to assume the risk of participation in the activities for which I agree to volunteer. Further, in consideration of being permitted to participate in GHF's Volunteer Program, I hereby release and waive any and all claims, demands, and causes of action, which I now have or may in the future have against the Gorman Heritage Farm or the Village of Evendale, its members, representatives, officers, agents, employees, or volunteers. I will follow the safety directions of the GHF staff and exercise reasonable care in all activities in which I participate.

Signature of Volunteer/Counselor-in-Training

Date

Signature of Parent/Guardian if under 18

Date

Media Release

I hereby grant permission to Gorman Heritage Farm or visiting local media to photograph and/or interview me/my child while engaged in Gorman Heritage Farm volunteer programming. It is my understanding that the resulting photographs or interviews or portions thereof may be used in Gorman Heritage Farm newsletters, bulletins, or brochures or may be distributed to local media outlets to represent Gorman Heritage Farm. I understand that I will not receive any form of compensation for such use of photographic images or interview material.

Signature of Volunteer/Counselor-in-Training

Date

Signature of Parent/Guardian if under 18

Date

**Thank you for volunteering with Gorman Heritage Farm!
We look forward to a terrific summer together.**