



# Camper Health Information

*Summer 2025*

**Section 1: To be completed by parent or guardian (use back or second sheet if necessary).**

Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_

Camper's Doctor & Phone \_\_\_\_\_

**Section 2: To be completed by Camper's Physician (after August 15, 2024).**

I have examined \_\_\_\_\_ (camper's name) on \_\_\_\_\_ (date) and found him/her to be in \_\_\_\_\_ health.

Date of last Tetanus Booster \_\_\_\_\_

Should the camper be permitted to participate in sports?  Yes  No

If No, please explain: \_\_\_\_\_

List any surgery or fractures in the last three years: \_\_\_\_\_

List any allergies or reactions to foods, bee stings, medications: \_\_\_\_\_

Does the child have asthma, a vision issue, or use an epi-pen, inhaler, or other medication?  Yes  No

If yes, please explain: \_\_\_\_\_

Is there anything else you would like to share about the child? \_\_\_\_\_

Does the child have any restrictions we should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Physician's Name (Printed) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Date \_\_\_\_\_



**PERMISSION/WAIVER & HOLD HARMLESS AGREEMENT  
EPI-PEN CONSENT**

We are the parent(s)/guardian(s) of \_\_\_\_\_.

We hereby grant the Summer Camp Director or adult designee permission to administer Epinephrine via pre-filled auto-injector mechanism (to be supplied by us) in the event an emergency situation indicating the need for it should arise. This permission is effective for the duration of summer camp only. We acknowledge that the Summer Camp does not have a nurse on staff.

We understand that the administrator or designee is not a trained medical professional and will administer said medication in accordance with the medication's dosage amounts and instructions provided by us. We agree to assume all risks associated with the administration or non-administration of this medication to our child. We hereby agree to release, defend, indemnify and save and hold harmless the administrator/designee as well as Randolph Township Board of Education, collectively and individually, its members, agents, volunteers and employees from and against any and all claims/lawsuits which could be brought against any one, or all of them, by us, our child or anyone else for anything that happens to our child, including any injuries, fatal or otherwise, that our child may suffer as a result of the administration or non-administration of the medication delineated above.

By signing this form, we certify that we are the parent(s)/guardian(s) of \_\_\_\_\_ and fully understand our rights and responsibilities under this Agreement and sign it voluntarily.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



**PERMISSION/WAIVER & HOLD HARMLESS AGREEMENT  
ASTHMA ACTION PLAN**

We are the parent(s)/guardian(s) of \_\_\_\_\_.

We hereby grant the Summer Camp Director or adult designee permission to comply with the terms of our child's Asthma Action Plan in the event an emergency situation indicating the need for it should arise. This permission is effective for the 2022 Summer Camp only. We acknowledge that the Summer Camp program does not have a nurse on staff. We have attached to this document a copy of our child's Asthma Action Plan signed by our physician and included any emergency medication required.

We understand that the administrator or designee is not a trained medical professional and will administer said medication in accordance with the medication's dosage amounts and instructions provided by us. We agree to assume all risks associated with the administration or non-administration of this medication to our child. We hereby agree to release, defend, indemnify and save and hold harmless the administrator/designee as well as Randolph Township Board of Education, collectively and individually, its members, agents, volunteers and employees from and against any and all claims/lawsuits which could be brought against any one, or all of them, by us, our child or anyone else for anything that happens to our child, including any injuries, fatal or otherwise, that our child may suffer as a result of the administration or non-administration of the medication delineated above.

By signing this form, we certify that we are the parent(s)/guardian(s) of \_\_\_\_\_ and fully understand our rights and responsibilities under this Agreement and sign it voluntarily.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian