



Camper's First & Last Name: _____ DOB: _____

Island Roots Camp Group, LLC.

Rev. 05/2021

Camper Forms Packet

Instructions: Complete one packet per camper. All fields must be completed honestly, either by fully answering or writing "N/A" where appropriate.

Part 1. First Aid/Emergency Care and Consent

I authorize Island Roots staff who are trained in the basics of First Aid/CPR to administer First Aid/CPR, when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility or to _____, and to secure necessary treatment for my child.

(Preferred Medical Facility)

Child's Physician's Name

Physician's Address

Physician's Phone Number

Emergency Contacts already submitted with Online Registration.

Health Insurance Company

Policy Number

Policyholder Name

Policyholder Phone Number

Part 2. Health History

1. In the past year, has this camper been in good health? *If no*, please explain.

2. In the past **year**, has this camper experienced or been treated for or diagnosed with any of the following? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Problems with eyesight or seeing | <input type="checkbox"/> Asthma or breathing problems |
| <input type="checkbox"/> Problems with hearing | <input type="checkbox"/> Difficulties with physical activities |
| <input type="checkbox"/> Excessive bleeding when cut | <input type="checkbox"/> Medicines or treatments prescribed by a physician or clinic |
| <input type="checkbox"/> Physical restrictions as the result of a heart problem | <input type="checkbox"/> Severe Allergies |

If yes, please explain:

Guardian Signature

Date



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3. At any time in the past, has this camper experienced or been treated for or diagnosed with any of the following? Check all that apply.

- Seizures
- Severe injuries or accidents
- Operations
- Chickenpox
- Hospitalization
- History of heart murmur
- Chronic health concern

If yes to any of the above, please explain:

5. Is this camper currently receiving any medical treatment?

- Yes
- No

If yes, please explain the reason and treatment.

6. Does this camper use any of the following?

- Glasses
- Contact Lenses
- Hearing aid

Other (please specify)

7. Can this camper participate in all camp activities?

- Yes
- No

If no, please explain:

Part 3. Pick Up Authorization

Children will only be released to guardians and authorized persons.

I authorize* the following people (in addition to guardians and emergency contacts, as indicated on enrollment forms) to pick up my child(ren) from Island Roots Camp Group programs.

Name of Authorized Person	Relationship to Child	Contact Phone Number
1.		
2.		
3.		
4.		

Guardian Signature

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*Authorization for these individuals will remain in effect until updated in writing by the guardian and/or after 12 months. Anyone unknown to Island Roots personnel who picks up a child will be asked to present a photo ID in order to confirm identification.

Children over the age of 9 will only be allowed to walk to/from camp with written permission.

_____ (Guardian Initial) my child is over 9 years of age and has permission to walk to/from Island Roots.

Part 4. Communication

_____ (Guardian Initial) **Remind:** I understand that Island Roots uses the communication platform Remind to share information and updates efficiently with families (via text/app/email, based on user preferences). Remind allows us to send a group message to multiple contacts without disclosing contact information among recipients. I understand that I will be added to the Summer Camp 2.0 group and will accept in order to receive notifications via text. I can also join on my own by texting @IRCamp21 to 81010. *You may allow authorized pick up individuals to join this group at any time by sharing the above instructions.*

Island Roots Family Contact List: Island Roots has a family contact list which is available to current participants' families upon request. Please indicate whether you would like your information to be included:

(circle one) I **DO / DO NOT** wish for my family's information to be included in the contact list.

Part 5. General Permissions

_____ (Guardian Initial) **Face Masks for Indoor Use:** I agree to send my child to camp with a clean face mask and to supply my child with at least two (2) extra, clean face masks daily for personal use. In the event that all masks become soiled, I give permission for Island Roots to supply my child with a disposable face mask or a clean & sanitized reusable face mask for use.

In the event that state and local guidance changes so that children are not required to wear face masks indoors, my preference is that...

_____ (Guardian Initial or "N/A") My child will not wear a face mask indoors.

_____ (Guardian Initial or "N/A") My child will wear a face mask indoors when not socially distanced.

_____ (Guardian Initial or "N/A") My child will wear a face mask indoors at all times.

_____ (Guardian Initial) **Face Masks for Outdoor Use:** as of May 18, 2021, children and staff are no longer required to wear face masks outdoors. I understand that Island Roots will not require campers to wear masks while outdoors. *Due to this recent change, please indicate that your preference is...*

_____ (Guardian Initial or "N/A") My child will not wear a face mask outside.

_____ (Guardian Initial or "N/A") My child will wear a face mask outside when not socially distanced.

_____ (Guardian Initial or "N/A") My child will wear a face mask outside at all times.

_____ (Guardian Initial) **Mask Break Area:** I understand that Island Roots may designate a *mask break area* in one or more isolated rooms. Only one child (or multiple members of the same household) at a time will be allowed in this space. After each use of an isolated *mask break area*, Island Roots employees will sanitize the room. If you do not consent to your child's use of this *mask break area*, then please submit that in writing to enrollment@islandrootscampgroup.com.

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_____ (Guardian Initial) **Bathrooms:** I understand that the bathrooms used by my child(ren) while in Island Roots programs will be shared with other office tenants at 40 Tioga Way. Island Roots staff will escort my child(ren) to/from the restroom, so they are supervised at all times.

_____ (Guardian Initial) **Hand Sanitizer:** I allow my child to use hand sanitizer that is supplied by Island Roots during the program.

_____ (Guardian Initial) **Public Trails:** I understand that Island Roots will make use of local public trails and parks for outdoor time. At all times, Island Roots employees will have access to children's emergency records, emergency medication, and first aid supplies.

_____ (Guardian Initial) **Public Waterfront Use:** I understand that Island Roots may make use of local public waterfronts for swimming or exploration during outdoor time. At all times, children and staff will be supervised by an Island Roots lifeguard.

_____ (Guardian Initial) **Vehicle Use:** I understand that Island Roots will notify guardians before making any arrangements to transport participants. At all times, vehicles and drivers will meet the requirements set by the Marblehead Board of Health.

Media: I grant Island Roots permission to use the following in print and other media for marketing and promotional purposes (if you do not grant permission, please write "N/A"):

_____ (Guardian Initial) still images of my child, _____ (Guardian Initial) videos of my child, and/or
_____ (Guardian Initial) my child's first name, _____ (Guardian Initial) work that my child has created.

Part 6. Sunscreen & Bug Repellent Permissions

Many activities at Island Roots take place outdoors. Please specify your preferences for your child's use of items that help protect them from sun exposure and insect bites/stings (if you do not grant permission, please write "n/a"):

Sun Screen: Island Roots staff will supervise the application of sunscreen.

- _____ (Guardian Initial or "N/A") my child may ONLY use sunscreen I supply.
- _____ (Guardian Initial or "N/A") my child may use ANY BRAND sunscreen if out of their own supply.
- _____ (Guardian Initial or "N/A") my child may NOT use sunscreen at camp.

(circle one) I **DO / DO NOT** give permission for Island Roots staff to assist my child with application of sunscreen, if needed.

Bug Repellent: Island Roots staff will supervise the application of bug repellent..

- _____ (Guardian Initial or "N/A") my child may ONLY use bug repellent I supply.
- _____ (Guardian Initial or "N/A") my child may NOT use bug repellent at camp.
- _____ (Guardian Initial or "N/A") my child may use ANY BRAND of bug repellent if out of their own supply.

(circle one) I **DO / DO NOT** give permission for Island Roots staff to assist my child with application of bug repellent, if needed.

Guardian Signature

Date