

Contact and Release Information

Child Information

First and Last Name			
Preferred Name		Preferred pronouns	
Birthdate		Grade	
Home Address		T-shirt Size (Please include if you mean Youth or Adult too)	

Emergency Contact and Release List

The following people are authorized to pick up the above child.

Legal Guardian(s)

Name	Phone	Email	Relationship

Other Contacts and Authorized Pick Up

You may attach an additional sheet of paper to add additional contacts if needed

Name	Phone	Email	Relationship

Health Information

Child Name:

Allergies

Allergy	Reaction	Medication?	Contact Allergy?

Diet and Nutrition Restrictions

Restrictions and Other Health Concerns

Does your child have any additional restrictions or health needs?

This health history is correct and accurately reflects the health status of the child to whom it pertains. The person described has permission to participate in all camp activities except as noted by me. I give permission to the physician selected by the camp to provide treatment related to the health of my child for both routine health care and in emergency situations. I understand the information on this form will be shared on a “need to know” basis with staff. I give permission to photocopy this form.

Guardian Initials		Todays Date		Relationship to Child	
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Medication

Child Name:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please review instructions about required packaging/containers. Provide enough of each medication to last the entire time the camper will be at camp.

Name of medication	Reason for taking it	When it is given	Amount or dose given	How it is given

I give permission to program staff to administer the above medications as instructed.

Guardian Initials		Todays Date		Relationship to Child	
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Neurodiversity Support

Child Name:

A child does not need to have a diagnosis to benefit from the completion of these support questions. All children succeed best when the people around them know what helps them to succeed, so we invite all families to complete these questions regardless of diagnosis status. Feel free to attach additional paper or write on the back.

What makes your child upset, stressed, or anxious?

What helps prevent them from becoming upset, stressed, or anxious?

What does it look like when they are upset, stressed, or anxious?

What strategies are helpful to help your child recover from becoming upset, stressed, or anxious?

Does your child have a neurodiversity diagnosis that we should be aware of?

What else should we know that would help us support your child?

Does your child have any content triggers? E.g. violence against animals

Permissions

Child Name:

Initials

Permission to Treat (Required): This health information is correct and accurately reflects the health status of the child to whom it pertains. The person described has permission to participate in all activities except as noted by me. I give permission to the physician selected by Sylvan Factory to provide treatment related to the health of my child in emergency situations. I understand the information on this form will be shared on a “need to know” basis with staff and healthcare professionals. I give permission to photocopy this form.

Self Sign Out (Optional): I give permission for my child to sign themselves out of the program. Once your child is signed out, Sylvan Factory does not take responsibility for their supervision beyond the program hours or once they have left the store. They are welcome to participate in Sylvan Factory events as normal under our store policies and procedures.

Photos and Media (Optional) I give permission for Sylvan Factory to take and use photos or video of my child participating in program activities in Sylvan Factory promotional material, on social media, or on their website

The information provided in the following forms is correct and accurate to the best of my knowledge.

- Contact and Release Information
- Health Information
- Medication
- Neurodiversity Support

I have reviewed the [Sylvan Factory Summer Youth Program Information and Policy Handbook](#) and I am familiar with the expectations of me and my child and I agree to follow the policies described within.

**Guardian
Signature**

Date

Relationship to Child
