

Camp Fire USA Alaska Council  
Camp Registration  
(Please Print Clearly)

(Legal Name)

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**REGISTERING PARENT/ADULT INFORMATION** (check box for registering parent/adult)

Child lives with: Both Parents Mother Father Other \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Parent Guardian \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnic Origin: Native American Asian American Pacific Islander African-American

Hispanic Mid-Eastern Caucasian Multi Other \_\_\_\_\_

Alaska Native: \_\_CIRI \_\_ASRC \_\_NANA Other \_\_\_\_\_

\*This information will help accurately match your information with already existing records.

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell phone/pager \_\_\_\_\_

Hm ph/address (if different from child) \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Parent Guardian \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnic Origin: Native American Asian American Pacific Islander African-American

Hispanic Mid-Eastern Caucasian Multi Other \_\_\_\_\_

Alaska Native: \_\_CIRI \_\_ASRC \_\_NANA Other \_\_\_\_\_

\*This information will help accurately match your information with already existing records.

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell phone/pager \_\_\_\_\_

Hm ph/address (if different from child) \_\_\_\_\_

Are there court ordered custody arrangements regarding your child? If yes, attach documents.

**MUST HAVE 2 LOCAL EMERGENCY CONTACTS NOT REGISTERING ADULT or NAMES LISTED ABOVE** (authorized to act on your behalf in case of emergency).

\* Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Hm ph \_\_\_\_\_ Other ph \_\_\_\_\_

\* Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Hm ph \_\_\_\_\_ Other ph \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK-UP CHILD**

**NOT REGISTERING PARENT/ADULT or NAMES OF EMERGENCY CONTACTS**

Individuals under the age of 16 are not authorized to sign out a child from program. If an individual under the age of 16 attempts to do so, staff will notify the registering adult who will need to make other arrangements for another qualified person to pick up the child.

**Persons authorized to pick up my child (other than listed above):**

**PERSONS NOT AUTHORIZED TO PICK-UP CHILD** \_\_\_\_\_

Please assign my child to the same group as: \_\_\_\_\_

**TRANSPORTATION INFORMATION- CAMP KUSHTAKA ONLY**

**Transportation to camp:**  Bus Anchorage  Bus Girdwood  Own transportation

Name of person dropping camper off at bus stop or camp: \_\_\_\_\_

Contact phone number on departure day: \_\_\_\_\_

**Transportation home from camp:**  Camp bus  Bus Girdwood  Own transportation

Name of person picking up camper at bus stop or camp: \_\_\_\_\_

Contact phone number on return day: \_\_\_\_\_

**DEMOGRAPHICS (Optional information which greatly assists our funding)**

Ethnic Origin: Native American Asian American Pacific Islander African-American

Hispanic Mid-Eastern Caucasian Multi Other \_\_\_\_\_

Alaska Native: \_\_CIRI \_\_ASRC \_\_NANA Other \_\_\_\_\_

Household Income: Under \$20,000 \$20,001-\$30,000 \$30,001-\$45,000 \$45,001-\$55,000

\$55,001-\$65,000 \$65,001-\$75,000 Over \$75,001 Number in Family \_\_\_\_\_

Does family live in:  Public Housing  Section 8 housing

Household status:  Single  2-parent household

Has child attended a Camp Fire program before? Yes No

How did you hear about this program?  Radio  Newspaper  Brochure/Flyer-Mail

School website  Friend  Brochure/Flyer-School  Email from a Friend  Internet Search

Other Parents  Email from Camp Fire  Your child(ren)  Other \_\_\_\_\_

**REGISTERING PARENT/ADULT PERMISSION**

1. My Child has permission to walk and/or ride his/her bike from Camp Fire program locations (does not apply to all Camp Fire programs, applies to age 7 and older)  Yes  No

2. My Child has permission to participate in all Camp Fire program activities including field trips and activities away from the program locations.  Yes  No

3. My Child's photo still or video, voice and first name may be used by Camp Fire USA and the American Camping Association for promotional purposes.  Yes  No

4. I agree to abide by all the policies and procedures as outlined in the Program Handbook available at [www.campfireak.org](http://www.campfireak.org) or at the Camp Fire office.

Camp Fire USA Alaska Council  
 Medical Information **(Please print clearly)**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

**(Office use only)** Original Entry Date: \_\_\_/\_\_\_/\_\_\_ Date of last physical: \_\_\_/\_\_\_/\_\_\_

Plan of Care Yes No Date: \_\_\_/\_\_\_/\_\_\_ Immunization record received: \_\_\_/\_\_\_/\_\_\_

Behavioral Intervention Plan Yes No Date: \_\_\_/\_\_\_/\_\_\_

**Please answer all questions – All information is required**

1. Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

**2. Health History**

- This child has **No** ongoing health concerns.
- This child has the following on going health concerns.  
**(check all that apply)** A doctor's release to participate may be required.

Allergies: \_\_\_\_\_

Asthma

Needs bathroom assistance

Assistive Devices (e.g. walker, braces, wheelchair, hearing aid)

Chronic or recurring illness/condition

Diabetes

Ever had seizures or epilepsy

Other \_\_\_\_\_

Please explain any checked boxes: \_\_\_\_\_

3. Has your child ever had to use an Epi-Pen? Yes No  
 If yes does child know how to self administer? Yes No

4. Is your child able to swallow pills Yes No

5. Does your child receive any special services from the school district? Yes No  
 (e.g. Resource, Gifted, OTPT, Speech) Explain: \_\_\_\_\_

**6. Medications:** Please list ALL medications including over-the-counter or nonprescription drugs taken routinely. All medications MUST be in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage and the frequency of administration.

- This child does **not** take any medications on a regular basis.
- This child takes the following medication during the school year, but not take during Camp Fire hours.

<u>Medication</u>	<u>Dosage</u>	<u>Times taken each day</u>	<u>Reason for medication</u>
_____	_____	_____	_____
_____	_____	_____	_____

- This child takes routine medication as follows: (including non-prescription, vitamins, ointments /creams)

<u>Medication</u>	<u>Dosage</u>	<u>Times taken each day</u>	<u>Reason for medication</u>
_____	_____	_____	_____

**7. Mental, Psychological and Emotional Health:**

- This child has **None** of the following concerns:
  - This child **Has** the following concerns:
    - Diagnosed with Attention Deficit/Hyperactivity Disorder (ADD or ADHD)
    - Psychiatric diagnosis (e.g. depression, OCD, panic/anxiety disorder, autism, PTSD, FASD)
    - Has an emotional health concern
    - Currently seeing a professional for mental/emotional health concerns
- If any of the boxes are checked, a statement from child's mental health professional may be required which: 1) describes the concern and the child's management plan (including medication)  
 2) describes the behavior indicating to our staff that your child needs professional referral  
 3) provides a recommendation for participation in our camp program from this professional.

**PLEASE NOTE: A medication authorization form must be completed.**

**(Camp Kushtaka Only):** Over-the-Counter Medications

Camp Fire USA keeps the following over-the-counter medications in stock for use in treating campers with illnesses/injuries occurring at camp: Tylenol, Ibuprofen, Benadryl, Robitussin, Triaminic, Imodium, Maalox, milk of magnesia, cough drops, hydrocortisone cream, calamine and Caladryl lotion, antiseptic ointments and sprays, burn gel, bug spray. These medications may be dispensed to your child as deemed necessary in accordance with physician-approved treatment procedures. Please list any over-the-counter medications that you DO NOT want administered to your child. \_\_\_\_\_

8. Is there any other medical, behavioral and/or health related information that is important for us to know? Yes No If yes: \_\_\_\_\_

9. Are there any activities your child should not participate in? Yes No If yes explain: \_\_\_\_\_

10. Are there any dietary restrictions that are important for us to know? Yes No If yes explain: \_\_\_\_\_

## Camp Fire USA Alaska Council

**Consent to treatment:** I, the parent/legal guardian of \_\_\_\_\_ am verifying that this medical information is correct and complete. I understand that failure to disclose accurate information may result in my child's dismissal from the program. I hereby give permission to Camp Fire USA Alaska Council to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering X-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Camp Fire USA Alaska Council to arrange necessary related transportation for \_\_\_\_\_. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Fire USA Alaska Council to secure and administer treatment, including hospitalization, for \_\_\_\_\_. I also give permission to the treating physician or facility to release pertinent medical information to the camp nurse or director. I understand that even though Camp Fire USA collects information, it is impossible to prevent every foreseeable and unforeseeable situation that may result in injury or death as a participant in this program. I do hereby release Camp Fire USA Alaska Council, its employees, agents, and staff from all claims, demands, actions or causes of actions for any sort of injuries sustained during the period covered by this release whether such injuries occur on or off the Camp Fire USA Alaska Council property.

**Release of Liability:** I, the parent/legal guardian of \_\_\_\_\_, understand that my child will be participating in activities that have inherent risks and may need transportation to and from Camp Fire programs. I understand that activities and travel may include risk of injury. I understand that these risks include, but are not limited to, death and severe bodily injury. I also understand that these risks could lead to serious impairment of my child's future ability to earn a living, engage in business, and generally enjoy life. Because of the dangers involved, I understand the importance of any and all instructions for program activities and the use of safety belts, not distracting the driver, no standing up or excessive behavior and any other driver-imposed rules, and agree to instruct my child to obey all instructions given. In consideration for allowing the participation of my child, I hereby assume all the risks associated with program and travel and agree to hold Camp Fire USA Alaska Council and its volunteers, employees, or agents harmless from any and all liability, causes of action, deaths, claims, or demands of any nature which may arise in connection with my child's travel to, from and during camp or its activities.

In addition, it is understood that Camp Fire USA Alaska Council attempts to provide adequate supervision, but that due to the nature of camp, there may be times when my child has minimum supervision. My child has permission to engage in all Camp Fire activities except as noted by the physician or parent/guardian.

In consideration for my child being allowed to attend camp and Camp Fire programs, I shall indemnify and hold harmless Camp Fire USA Alaska Council and its employees, volunteers, or agents from and against any losses, costs, damages, expenses, including attorney's fees arising out of or resulting from claims or suits, by or on the behalf of any persons, for any injury to my child, including death, or for any damages to my child's property occurring during the course of my child's participation at Camp Fire USA Alaska Council programs alleged or claimed to have been caused, in whole or in part, or contributed to, by any act or omission of any of the indemnities identified herein. The terms of this agreement serve as a release.

In signing this form, I certify my understanding of this form and agree to instruct my child to abide by all of the instructions given to my child by Camp Fire USA Alaska Council volunteers, employees, or agents during my child's stay at camp.

I, as the parent/legal guardian, have read this Release of Liability and Hold Harmless Agreement and understand its terms. I understand that camp may involve many risks, including, but not limited to those outlined above. I understand that this is a release of liability.

In consideration for Camp Fire USA Alaska Council's employees transporting my child to and from Anchorage and to and from activities and my child attending camp, I hereby agree to hold them their employees, volunteers, and agents harmless from any liability which may arise in connection with the transportation and supervision of my child while at camp.

The terms hereof serve as a release and assumptions of risk for me, my child, my heirs, and my estate, and for all members of our family.

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

Registering Parent/Adult \_\_\_\_\_

## **Operation Purple® Camper Special Needs**

Please complete and return this form to the camp your child has been accepted to along with your *Operation Purple®* camp registration forms. The National Military Family Association's *Operation Purple* program does not discriminate against children with special needs, but requires parents to complete this form in order to provide a safe and enjoyable camp experience for campers. This form is to be used to notify the accepting camp of any special dietary, health, mobility or disability needs your camper will have while attending camp. The accepting camp will make every reasonable effort to accommodate those needs for your camper. We highly encourage that you work with the camp your child is attending prior to the start of the camp to ensure proper accommodations have been made for your child to have a wonderful camp experience.

1. Child's name: \_\_\_\_\_
2. Name of camp: \_\_\_\_\_
3. Camp dates: \_\_\_\_\_
  
4. Does your child have any special needs?     Yes             No

If no, please continue to signature line, sign and date.

If yes, please check all categories that apply to your child:

- Intellectual Disability
- Hearing Impairment
- Vision Impairment
- Deaf/Blindness
- Speech-Language Impairments
- Emotional Disturbance
- Autism Spectrum Disorder(s)
- Traumatic Brain Injury
- Orthopedic Impairments
- Developmental Delays
- Specific Learning Disabilities

Please specify:

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- Health Impairments (For example: ADHD, Allergies, Asthma, etc.)

Please specify:

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Other health related items camp staff should be aware of:

Please specify:

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5. Does your child require the use of any special appliance(s)? (Please Note: terrain at camp can be rough/uneven.)

Crutches

Walker

Wheelchair:  child pushes chair independently,  child must be pushed,  child must be pushed uphill only, or  child uses an electric chair

6. With regards to sleep habits, camp staff should be aware that my child:

Sleepwalks

Has difficulties with bedwetting

Uses a CPAP machine (night-time breathing machine)

Has other specific sleeping instructions:

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7. Is your child currently taking medication?  Yes  No

Please list the medications your child takes and the directions for administering those medications:

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8. Will there be a change in your child's medications schedule during the time he/she is at camp? (i.e. starting a new medication, getting off a medication, changing dosage, etc...):

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(Please note: It is ***NOT*** recommended that camp be used as an 'off' period for your child's standard medication schedule. Behaviors that are typically modified by medication can be very disruptive to the overall camp experience for your child and the other children in attendance. If your child requires medication please provide camp staff with all of the necessary information to ensure your child is able to enjoy their time while at camp.)

9. How does your child communicate?

- Verbally
- Sign Language
- American Sign Language
- S.E.E. Sign Language
- Language Board
- Electronic Device

10. Does your child wear a hearing aid?  Yes  No

If yes, please provide a storage container for use while swimming and daily care instructions.

11. Does your child have a “Behavior Intervention Plan” for other social settings? (i.e. School, Church, Intramural Programs, etc. )

- Yes  No

If yes, please include a copy with your child’s registration forms.

If no, please describe any behavior challenges your child may experience while at camp and provide effective discipline techniques that you would prefer be used:

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12. Is there any additional information not covered above or within your child’s health history that may be useful to camp staff when working with your child?

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I confirm that all the information provided on this form about my child is accurate to the best of my knowledge. I have properly prepared *Operation Purple* camp staff for my child’s attendance by supplying them with all pertinent health information needed for my child to have a safe and healthy camp experience.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_