



Child Information Record & Release Form

May 2023 - August 2023

Apple Scouts

Participant Name: _____
(First) (Last)

Program Dates Attending (Please list all): _____

Date of Birth: _____ Gender Pronouns (optional): _____

Grade Completed June 2023: Y5s Kindergarten 1st 2nd 3rd 4th 5th

Street Address _____ City _____ State _____ Zip _____

Emergency Contacts and Participant Release Authorization

In the area below, please list, in order of priority and **including yourself**, individuals to be contacted in the event your child becomes ill or injured during the program. In addition, please include the names and information of individuals to whom your child can be released at pick-up, such as a friend, neighbor, or babysitter. Attach additional sheets if necessary. *Requests for camper self-release must be made in writing & attached.*

Participant Release Policy: Anyone (**including parents**) picking up a child from Apple Scouts **must present a photo ID at pick-up** and must be authorized on the list below. Whenever possible, we request that guardians notify staff regarding who will be picking up their child. Additions to this list must be made in writing to and authorized by the Program Director. If you are a custodial parent requesting that your child **not** be released to any individual, please check the box and make this request in writing to the Camp/Program Director, including name and photo.

Please do not release my child to individuals listed on the attached note.

Name	Relationship	Phone Number(s)
1. (parent/guardian signing this form)		
2. (parent/guardian authorized to amend this form)		
3.		
4.		
5.		
6.		

Print Parent/Guardian Name: _____ Signature: _____ Date: _____

Staff Use Only: Circle If No Photo Circle if No Camp Sunscreen	Additional Staff Notes:
Allergies:	
Medical:	
Other:	

Participant Name: _____

Diet and Nutrition Please check all that apply:

<input type="checkbox"/>	No Special Needs	<input type="checkbox"/>	Lactose Intolerant/Dairy Free	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Other, please specify:
<input type="checkbox"/>	Peanut/Tree nut Free	<input type="checkbox"/>	Gluten Intolerant/Wheat Free	<input type="checkbox"/>	Vegan		

Insurance/Physician Information

Insurance Provider _____ Policy # _____

Name of Physician _____ Physician Phone # _____

Immunization History

Has the participant received a COVID-19 vaccine? YES NO Has the participant been boosted? YES NO
 Are the participant's other immunizations up to date/current? YES NO

Physical Health History: *Please check all that apply.*

<input type="checkbox"/>	Recent Injuries	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Bleeding/Clotting	<input type="checkbox"/>	Cardiac Conditions	<input type="checkbox"/>	Hospitalization/Surgery
<input type="checkbox"/>	Chronic Illness	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	Other

Please explain any injuries or conditions checked above. If needed, use a separate explanation sheet. If needed, please contact the Camp Director so we can prepare the best experience possible, applescouts@appleplayschools.org.

Asthma Management Plan

Does the participant have asthma? YES NO
 If YES, what triggers the participant's asthma? _____
 If YES, do they need to carry the inhaler themselves? YES NO
 If YES, does the participant need staff help to use the inhaler? YES NO

Allergy Management Plan

Please list known allergies. Please attach a treatment plan or explain treatment to be given in the space provided. All camp Allergy and Medication Policies pertain to minor participants. Info in the Family Handbook.

If your child has no known allergies, write "NO ALLERGIES" here: _____

Allergen (please specify)	Allergy Type (check all that apply)	Signs of Reaction and Treatment
Nut:	<input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Airborne	
Food:	<input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Airborne	
Insect Stings:	<input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Airborne	
Medicine/Drugs:	<input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Airborne	
Other:	<input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Airborne	

Participant Name: _____

Neurodiversity Support and Mental Health Apple Scouts welcomes neurodiversity in our programs and strives to make reasonable accommodations whenever possible. **Please check any for which the child has been diagnosed/treated.**

<input type="checkbox"/>	ADD or ADHD	<input type="checkbox"/>	ODD	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Bipolar	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Autism Spectrum	<input type="checkbox"/>	OCD	<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/>	Other		

Please share more information about any of the above. If your child would benefit from specific support, language, or strategies from our staff, please complete and attach a Neurodiversity Support Plan. Contact the Program Director with questions: applescouts@appleplayschools.org.

Medication Policy

If the participant needs to take prescription or non-prescription medicine while at the program, the participant's parent/guardian will need to complete and attach a **Medication Authorization Form**. All medication must be in its original container/package, placed in a plastic bag, and clearly labeled. The participant's name must be printed on the label of all prescription medication. Please check that medication does not expire before the child's last day.

Please list any medications taken regularly, including over the counter medications, and even if the medications are not administered at camp:

Reasonable Accommodations

Reasonable Accommodation Policy: Apple Scouts will make every effort to provide reasonable accommodations for campers with disabilities or physical restrictions. Requests for accommodation must be made in writing to the Camp Director at least two weeks prior to camp: applescouts@appleplayschools.org.

Are there restrictions on your child's activity while in the program, or will your child need accommodations? YES NO

If YES, please explain:

Primary Languages

Does your child speak a primary language other than English? YES NO

If yes, what is your child's primary language? _____

Other Relevant Information: Please share any other relevant or important information so we can best support your child while they are at our program.

Participant Name: _____

Blanket Permissions and Releases Please read and initial if you grant permission. If you DO NOT grant permission, leave the initial column blank.

Init.	Activity for Consent
	Publications: I/we give permission for my child to be photographed (for use on social media, website, in newsletters, promotional items, etc.)
	Skin Protection: I/we give permission for Apple Playschools employees to apply family-provided sunscreen & insect repellent. I/we understand that I/we are responsible to label all the products my child will use at camp. <input type="checkbox"/> Check here if you DO NOT give permission for your child to use camp-provided sunscreen and bug spray.
	First Aid and Medication: I authorize Apple Playschools employees to administer first aid and CPR to my child in accordance with their level of training and certification. I understand that medicine of any kind (including rash cream) cannot be administered without a signed Medication Authorization Form.
	Bare Feet: I/we give permission for my child to go barefoot in outdoor spaces when it is determined to be safe and appropriate by Apple Scouts staff.
	Off Site Trips: I grant permission for my child to participate in off-site trips by walking, public bus, or charter bus. I understand I will be provided with a weekly itinerary for me to review, but that the schedule is subject to change.
	Wildlife and Foraging: I/we give permission for my child to participate in activities and experiences related to domesticated animals, wild animals, plant harvesting, and foraging when supervised by Apple Playschools staff. I certify that any known allergies have been disclosed.
	Policies and Procedures: I have read and reviewed the Family Policy Handbook and the COVID-19 Response and Preparedness Plan and understand all of the policies and procedures outlined in those documents. I agree to follow the expectations and rules outlined there.
	Health Appraisal: I/we affirm that my child is in good health, and that any activity restrictions or accommodations needed for my child are noted on the Child Information Record and Release Form. I have attached a Medication Authorization Form, Allergy Action Plan, or Neurodiversity Support Plan if relevant.

Authorization for Treatment and Emergency Services

I hereby certify the following information to be true. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my child/children. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless Apple Playschools and all officers, directors, employees, agents, and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation and/or my participation in the above noted event.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to engage in all camp activities, except as noted.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Please submit forms by email to: applescouts@appleplayschools.org with the subject "Health Forms for [Child Name]". If you have questions or need support submitting your form digitally, please email, or call 734-369-8248.