



Registration/Health Questionnaire for Camp Glen Brook
Winter Camp 2010

February 15 – 20, 2010

Cost: \$550

Name of Camper _____ Preferred first name _____
Address _____ Birth Date ___/___/___ Male / Female _____

Phone (____)____-____ E-mail _____

Mother: name _____ Home Phone(____)____-____ Address
(if different) _____ Work Phone(____)____-____

Father: name _____ Home Phone(____)____-____ Address
(if different) _____ Work Phone (____)____-____

School _____ School Class _____
Teacher _____ School Phone _____
Town/State _____ Last year's camp group name (if applicable) _____

Please answer the following questions here and on the back page thoroughly:

Please include a copy of your child's insurance card with this application AND please list the following:

Group# _____ **Policy#** _____

Insurance Carrier _____

- Does your child take medication? If yes, what? (**Note: We will not dispense medication but we will hold medications for your child to come to us and self-administer in our presence.**)

- Does your child have any food allergies or sensitivities? Please List them:

Vegetarian: Yes/No **Vegan:** Yes/No

(Please Note: If your child has multiple allergies/sensitivities you may need to supply pre-made meals for your child. Please call if you think that this may be an issue.)

- Can your child take common over-the-counter remedies such as Tylenol, cough remedies, etc.? Can your child take herbal remedies such as arnica, Echinacea, etc.? Please include special instructions or preferences.
- Does your child have any allergies? Medical conditions or restrictions?
- Your child must be covered under your family health policy. No supplemental accident/sickness insurance is available through Glen Brook for this program.
- Are there any emotional or psychological issues that we should be aware of? (E.g. sleeping disorders, major life changes, aggressive behavior, fears, depression, etc.) Please offer any advice.
- Do you or your child have any concerns or anxieties about this program?

The fine print:

- I have answered the above questions accurately and to the best of my knowledge.
- I understand that my child's protected health information will be treated confidentially and will only be shared with appropriate personnel.
- I hereby grant permission to Camp Glen Brook to provide health care, to select medical personnel, and to order x-rays or routine tests or treatment for my child during the time my child is there. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child. This release may be photocopied for use outside of camp.
- My child may fully participate in and I know of no reason to preclude his/her participation in all camp activities including, but not limited to sledding, ice skating, cross country skiing, snow shoeing, snow tubing, sleigh riding and all other camp activities. I understand that camp programs and activities carry risks of accidents that may result in injuries or losses.
- While the camp will make its best effort, it cannot be responsible for lost or damaged clothing or personal items. Campers may not bring dangerous or illicit items to camp, and the camp reserves the right to inspect all personal belongings brought to camp.
- Images depicting my child may be used by the camp for publicity purposes. Directory information may be compiled and distributed to campers and staff for personal use only.

Signature of Parent(s) _____ **Date** _____

_____ **Date** _____

Please return this application with \$100 deposit to Camp Glen Brook, 35 Glen Brook Rd, Marlborough NH 03455 The balance of \$450 is due 2/1/10

Website: www.glenbrook.org E-mail: glenbrook@glenbrook.org