



Current Form: 2024 Camper Health Form

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Conditions are available on all pages after page 1 of the form.

Page 1		Add Item To Page	Copy Page	Delete Page
CAMPER INFORMATION FORM				Edit Item Delete Item Move to Page Copy Item
↓				
↕	* Camper First Name	<input type="text"/>		Edit Item Delete Item Move to Page Copy Item
↕	* Camper Last Name	<input type="text"/>		Edit Item Delete Item Move to Page Copy Item
↕	Camper Nickname Please add the name your camper prefers to be addressed by. This is the name that will be on their name tag.	<input type="text"/>		Edit Item Delete Item Move to Page Copy Item
↕	Camper Gender	Please Select: <input type="button" value="v"/>		Edit Item Delete Item Move to Page Copy Item
↕	* Camper Grade for 2024-2025 School Year	Please Select: <input type="button" value="v"/>		Edit Item Delete Item Move to Page Copy Item
↕	* What is your camper's t-shirt size? (We've typically used Gildan brand)	<input type="radio"/> Youth Small <input type="radio"/> Youth Medium <input type="radio"/> Youth Large <input type="radio"/> Youth X-Large <input type="radio"/> Adult Small <input type="radio"/> Adult Medium <input type="radio"/> Adult Large <input type="radio"/> Adult X-Large		Edit Item Delete Item Move to Page Copy Item
↕	Friend Request, list name(s) Please note that to maintain engagement of campers, as well as deliver age-appropriate content, only children of the same age will be grouped together.	<input type="text"/>		Edit Item Delete Item Move to Page Copy Item
↕	CAMPER RELEASE FORM + EMERGENCY CONTACTS			Edit Item Delete Item Move to Page Copy Item
	Only parents and/or legal guardians can complete this section. Campers may only be released to adults who have been authorized by a custodial parent. In the spaces below, please list adults who are approved to pick up the camper (include yourself/all parents and/or legal guardians). All persons listed below may be contacted in the event of an emergency. All authorized individuals should be able to provide photo identification upon seeking release of the camper.			
↕	* Authorized Adult #1 First and Last Name of Adult	<input type="text"/>		Edit Item Delete Item Move to Page Copy Item
↕	* Relationship to camper	<input type="text"/>		Edit Item Delete Item Move to Page Copy Item
↕	* Phone	<input type="text"/>		Edit Item Delete Item Move to Page Copy Item



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*** Authorized Adult #2**
First and Last Name of Adult

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*** Relationship to camper**

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*** Phone**

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Authorized Adult #3 (optional)
First and Last Name of Adult

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Relationship to camper

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Phone

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Authorized Adult #4 (optional)
First and Last Name of Adult

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Relationship to camper

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Phone

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Legal Guardian
If a legal guardian is NOT already listed as a contact above, please write in their full name, relationship, and phone number.

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Please list any adults who DO NOT have authorization to pick up the camper.

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HEALTH INSURANCE INFORMATION

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*** Primary Doctor:**
Please add the first and last name of your camper's primary physician

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↑↓ * Doctor's Phone Edit Item
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↑↓ * Preferred Hospital Edit Item
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↑↓ * Health Insurance Carrier Edit Item
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↑↓ * Policy Number Edit Item
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↑↓ * Subscriber's Name Edit Item
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↑↓ * Subscriber's relationship to camper Edit Item
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↑↓ * In regards to emergency medical and surgical treatment, select one option below:
 Medical Emergency Care Authorization: I hereby give permission to the children's camp to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named in this form, while attending camp.
 For Religious Exemption: I object to consent to receipt of emergency medical or surgical treatment, by signing below I attest that my child is in good health, and I assume the health responsibility for my child. Edit Item
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↑↓ **CAMPER HEALTH HISTORY RECORD**
The following section collects information regarding your camper's health needs. Please provide any health-related information that is important for staff to be aware of. Edit Item
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↑↓ **PHYSICAL HEALTH: Does the child experience any of the following conditions: select all that apply**
 Asthma, hay fever, or wheezing
 Constipation or diarrhea
 Dental problems
 Diabetes type I
 Diabetes type II
 Eczema or frequent skin rashes
 Frequent colds, sore throats, ear aches (4 or more per year)
 Hard of hearing, deaf
 Headaches
 Heart trouble
 Kidney trouble
 Menstrual problems
 Mobility difficulties
 Seizures or convulsions
 Shortness of breath
 Speech difficulties
 Other: Edit Item
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↑↓ If any of the above were selected, or the camper has had previous injuries or operations, please provide detail: Edit Item
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↑↓ * Does the camper have any allergies?
Please check all that apply. If your camper has a food and/or severe allergy, you will be emailed a FARE form to complete
 No Known Allergies
 Food Allergies
 Medication Allergies
 Environmental Allergies
 Other Edit Item
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↑↓ If your camper has allergies, please list the specific allergies, reaction, and how the allergy is managed
If nothing is listed, we will assume they are not a concern. Edit Item
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*** Does the camper have an EpiPen that they will bring with them to camp?**
If yes, you will be emailed an authorization for Prescription Medication form to complete

- No
- Yes, my child has an EpiPen that they will bring to camp

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*** In regards to medication while at camp:**
If your camper requires medication dispensed while at camp, the Camp Coordinator will email you a Medication Administration & Authorization Form for you to complete.

- My child does not require medication
- My child will need to take medication while at camp

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*** In regards to diet and nutrition:**

- My camper eats a regular diet and has no dietary restrictions
- My camper has a medically prescribed meal plan
- My camper has dietary restrictions

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SOCIAL EMOTIONAL HEALTH: Does the child experience any of the following conditions: select all that apply

- Abusive to self or others
- Anxiety
- Difficulty making/keeping friends
- Easily discouraged
- Hyperactive
- Inappropriate language
- Mood swings
- Runs away
- Severe fears or phobias
- Short attention span
- Withdrawn/shy
- Other

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If any of the above were selected, please provide detail below:

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Does the minor child have an IEP or 504 plan?

- No
- IEP
- 504

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*** Should the camper's activity be restricted because of any limitation or illness?**

- No
- Yes

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If yes, explain the degree of restriction required:

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Check this box if your child has a physical, behavioral, medical, or learning need which may need accommodation. Program staff will follow up with you.

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CAMP COMMUNICATION RELEASE

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*** Bloomfield Hills Schools requests your permission to capture photos and/or videos of your camper's experience at Bowers School Farm and Johnson Nature Center. The District may use these items on our website, in newsletters, or shared on social media, etc. Photos are also used in our blog to showcase the unique learning experiences that occur at camp.**

- I grant my permission to photograph, videotape, and use images of my child
- I do NOT grant permission to photograph, videotape, or use images of my child

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CONDITIONS OF PARTICIPATION

Please carefully review the following policies:

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I. CONDITIONS OF PARTICIPATION

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As the parent(s) or legal guardian(s) of a child who wishes to participate in the Summer Programs at the Bowers School Farm and the Johnson Nature Center (the Program), we agree to the following conditions for our child's participation.



- **Nature of Activities and Discipline.** We understand and agree that some Program activities may be strenuous and that our child is physically and psychologically fit to participate. We also understand and agree that, if our child engages in misconduct, the Program may remove our child from activities and/or the Program, at its sole and exclusive discretion.
- **Medical Issues.** We affirm we have listed all known medical issues pertaining to our child on this form. We understand and agree the Program will not administer or maintain medication to or for our child, except according to the terms of a mutually agreeable and completed health care plan, the "Medication Administration & Authorization Form", which will be emailed by the Camp Coordinator.
- **We give our permission and consent for Program staff to provide or authorize first aid and emergency medical treatment as may be deemed warranted and, further, accept full financial responsibility for any treatment so provided.**
- **Pick Up Time.** We understand and agree we will pick up our child by the designated end time of each particular camp. In the event that a camper is not picked up within 15 minutes of the designated end time, a fee will be charged to the parent/guardian.
- **Refund Policy.** We understand and agree that refunds will be given according to the stated Cancellation and Refund policy of Bowers School Farm Camp and the Johnson Nature Center Camp. We understand that no refund will be provided in cases where the Program exercises its discretion to remove or drop our child from the Program.

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II. High Ropes Course

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HIGH ADVENTURE CHALLENGE COURSE WAIVER

Disclosure

Bowers School Farm houses a Challenge Ropes Course on site. The course has a variety of activities that often includes warm-ups, games, group-initiative problems, high and low ropes course elements, and other rigorous physical adventure activities. The level of participation in a Challenge Ropes Course activity is at all times completely up to the individual's choice. Yet, there is a risk, which must be assumed by each participant that they may suffer an emotional or physical injury and disability. Policy for participation in all Challenge Ropes Course Programs requires that every participant have health/accident insurance coverage. In addition, health/medical information must be made known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Camp works with the Challenge Course Manager to determine the appropriateness of activities for a each age group at camp and assures participants meet the required size limits.



Release of Liability

I understand that parts of the Challenge Ropes Course may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in a Challenge Program activity. I recognize the inherent risk of injury or disability in Challenge Ropes Course activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release the Bloomfield Hills School district and its staff members, and the Board of Education, for all liability for any injury to me from participation in Challenge Ropes Course activities.

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Agreement

In the event the participant is less than 18 years of age, the parent executing this agreement hereby agrees to indemnify and hold the Bloomfield Hills School district and its staff harmless from all liability for an injury to his/her minor child from participation in Challenge Ropes Course activities.



III. EQUINE ACTIVITY AGREEMENT AND RELEASE

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In consideration of my participation in equine and related activities at The Charles L. Bowers School Farm (hereinafter "Farm"), which I understand and acknowledge could be hazardous to my health and may result in bodily injury, I agree to assume all risks of injury arising out of such participation.

I further agree, for myself and my heirs, assigns and legal representatives, to hold harmless the Bloomfield Hills School District, its Board Members, administrators, employees, agents, independent contractors and the Farm or anyone connected with its operation, from any and all claims and causes of actions of any nature for any and all personal injury or illness, including death, which may occur or which may be aggravated during participation in equine and related activities, either on or off the premises of the Farm.



I further agree to indemnify the Bloomfield Hills School District, its Board Members, administrators, employees, agents, independent contractors and the Farm and its agents, employees, servants or anyone connected with its operation, for any costs, expenses, damages or legal fees which may be incurred as a result of any breach or violation of this Agreement and Release, if such breach results in injury or death to any person(s) engaged in equine or related activity at the Farm, without regard to whether such injury or death is alleged to have resulted from any act of negligence of the Farm, by its employees, agents, servants or anyone connected with its association.

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I further agree not to invite or permit any other person(s) to enter the Farm premises or to engage in any equine activity as my guest. Any such participation shall be deemed a trespass unless such person(s) execute(s) an "Equine Activity Agreement and Release" form.

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for any injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity (PA 351 of 1994).



IV. WAIVER AND RELEASE OF LIABILITY

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By signing this Waiver and Release of Liability Form, the Participant's parent or guardian on the minor Registrant's behalf ("Participant") is representing that they have voluntarily agreed to participate in the camp event (the "Event") held at Bowers Farm located at 1219 Square Lake Road, Bloomfield Hills, Michigan 48304, owned by Bloomfield Hills Schools (the "School District"), and acknowledges that the Participant is in good health and good physical condition and hereby assumes any and all risks and dangers associated with the Event, including, but not limited to serious bodily injury, including death. Participants are expected to follow all the rules identified in registration for the Event and those posted on-site at the Event or on the website for the Event, including but not limited to: listening and following safety instructions, respecting Event staff in charge and other participants and accepting all equipment in its "As-IS condition.

In consideration of being allowed to participate in the Event, Participant acknowledges, understands, and agrees:

1. Participant assumes all of the risks inherent in and associated with participation in the Event, including but not limited to the risk of damage to property, injury, permanent disability and death, which might result from the actions, inactions, or negligence of Participant or others, and other risks not known or not reasonably foreseeable at this time, and assumes full responsibility for their participation in the Event.

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2. Participant, for themselves, their spouse, and on behalf of their heirs, assigns, personal representatives and next of kin, hereby releases, waives, discharges and covenants not to sue the FOBF, its officers, directors, employees, contractors, volunteers, agents and licensees, the School District, its Board of Education, its Board Members, in their official and individual capacities, its administrators, employees, contractors, volunteers, agents and licensees (collectively "Releasees"), for any and all injury, loss or damage to person or property incident to or arising from their participation in the Event, including medical treatment and related costs whether arising in whole or in part from their negligence, the Releasees or otherwise, to the fullest extent permitted by law.
3. Participant, for themselves, their spouse, and on behalf of their heirs, assigns, personal representative and next of kin, hereby agrees to indemnify and hold harmless all the above Releasees for any and all liabilities they incur incident to or arising from their participation in the Event, even if arising in whole or in part from the negligence of the Releasees, to the fullest extent permitted by law.
4. Participant agrees to comply with the stated and customary terms, conditions and rules for participation in the Event. If Participant has any concerns about their readiness for participation and/or the Event, Participant agrees to remove themselves from participation and to bring any concerns to the attention of officials of the School District as soon as practicable.
5. Participant certifies that to the best of their knowledge, they are able to safely participate in the Event.

Participant has read and understands this entire Waiver and Release of Liability Form. Participant has signed it freely and voluntarily and without any inducement. Participant realizes this is a legally binding agreement that may not be modified or rescinded.

Participant being a minor under eighteen (18) years of age, this Waiver and Release of Liability Form must be signed by the Participant's Parent or Guardian (Minimum of 1 signature required) and shall bind both the Parent/Guardian and the minor Participant.



V. CAMPER BEHAVIOR EXPECTATIONS

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In order to foster a fun and safe learning environment, all participants are to follow basic behavior expectations. Please discuss with your child that they are expected to:

- Follow directions.
- Comply with protocols implemented to mitigate COVID-19.
- Be respectful of other campers, staff, animals, plants, and the site at all times.
- Stay with their assigned group at all times.
- Come ready to try new things!
- Come ready to have fun!



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If a camper's behavior is negatively affecting the group's dynamic, we will take action depending on the severity of the situation. Campers may be given verbal warnings, timeouts, or Camp Staff may contact Parents/Caregivers. The Program reserves the right to dismiss campers for the remainder of the day or camp session. Camp tuition is nonrefundable.



* CONDITIONS OF PARTICIPATION AGREEMENT

By checking this box, I indicate that I have read, I understand, and I agree to all parts of this agreement (sections I-V) on behalf of my minor participant and that I am the legal guardian/parent of the minor participant. I have discussed this Agreement and Authorization with the co-guardian of the child (if any) and they have agreed to allow me to sign on their behalf and bind them to the terms herein. I agree and understand the by signing this form electronically, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

I agree

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* Name of legal guardian/parent signing this agreement:

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[Add Page](#) [Continue](#)



Bowers School Farm
1219 E. Square Lake Road
Bloomfield, MI 48304

Ph: 248.341.6475
schoolfarm.org



Johnson Nature Center
3325 Franklin Road
Bloomfield Hills, MI 48302

Ph: 248.341.6485
johnsonnaturecenter.org



Administrative Services:
1219 E. Square Lake Road
Bloomfield Hills, MI 48304

Ph: 248.341.6475
bloomfield.org