



10910 E. State Road 28-67
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REGISTRATION & MEDICAL RELEASE

Name of Participant: _____ Age: _____ DOB: _____

Likes to be Called: _____ Grade in School: _____

Address: _____
(Street, City, State, Zip)

Parent/Guardian 1: _____ Relationship to Child: _____

Cell: _____ Email: _____

Parent/Guardian 2: _____ Relationship to Child: _____

Cell: _____ Email: _____

Participant's address is that of (check one):

Both Parents Mother Father Other Guardian: _____

For NEW participants, please tell us how you learned about TerraTime:

Contacts for Emergencies and Cancellations

Persons listed must be reachable during program hours. List contacts in order of who to contact first.

1) Name: _____ Cell: _____

1) Name: _____ Cell: _____

1) Name: _____ Cell: _____

Persons Authorized for Child Pick-up (in addition to emergency contacts listed above)

*Camp staff will not release your child unless proper photo identification is shown daily by the persons listed. Print clearly and remember to **include yourself** if you plan to pick-up your child.*

Medical Information and Special Considerations

Check any that apply to your child. With awareness of your child's needs, staff may be able to modify activities and techniques for inclusiveness prior to the start of the program.

- No specific medical or behavioral condition
- Food allergies – please specify _____
- Non-food allergies –please specify _____
- List activities from which the participant should be exempted for health reasons:

- Any physical, emotional or behavioral conditions, including cognitive, LD, ADD, ADHD, or autism requiring treatment, special restrictions or considerations while at TerraTime – Please specify:

List triggers, signs or symptoms for these conditions:

What techniques do you recommend in managing your child's behavior:

Medications

List below all medications, including EpiPen, asthma inhaler, over-the-counter or nonprescription drugs, taken regularly.

We do not dispense medication at our programs. If your child needs to take medication you are expect to administer before/after program. The exceptions are EpiPen and asthma inhalers. If your child has one of these, you must also complete the separate **Medication Dispensing Information and Waiver form.**

Health Insurance / Physician

Insurance Company: _____

Policy/Group # _____ Participant ID Number: _____

Physicians Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Past Medical Treatment

Please list any major medical treatment within the last year:

Notification: When do you want to be notified for *minor* injuries (e.g. scrape, non-allergic bee sting, bloody nose, sliver, ect.) that do not limit participation?

- immediately
- at pick up

PERMISSION TO SECURE TREATMENT

TerraTime has my permission to apply sun block and/or bug repellent to my child. If I want a specific type, I will provide sun block/bug repellent and have it labeled with my child’s name.

An employee certified in First Aid, CPR, EpiPen and asthma inhaler assistance is always on location. They will take whatever emergency medical measures are deemed necessary for the protection and safety of the child within their training.

In the event of any emergency, I authorize TerraTime, INC to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance, if necessary, to the nearest medical treatment facility.

To the best of my knowledge, the information provided is correct. I understand that I am asked to advise TerraTime should there be any changes to my child’s physical, psychological, or behavioral conditions. I understand that TerraTime may exclude a child if the child’s behavior interferes with the rights of others, violates TerraTime’s principles of conduct, or poses a safety threat to self, other children, or staff.

I have read, understood, and fully authorized this application and medical release.

Signature of Parent/Guardian

Date

Printed Name