



Riverside Arts and STEM Summer Camp Registration Form

Complete the attached forms, sign, and full tuition. Make checks payable to *Riverside School*.

Parents/Guardians are assured the information disclosed will be treated with tact and confidentiality.

Camper's Last Name: _____ First Name: _____ M.I.: _____

Current Grade: _____ Date of Birth: _____ M _____ F _____

Home Address: _____

Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Emergency/Contact Information

Contact Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List the names and phone numbers of any person other than yourself who has permission to pick up your child.

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Insurance Information

Carrier or Plan Name: _____

Subscriber: _____ Group #: _____

Name of Family Physician: _____

Address: _____ Phone: _____

In addition, if your child is not a current Riverside School student, please attach a
CERTIFICATE OF IMMUNIZATION PROVIDED BY A DOCTOR.
IMPORTANT – THIS BOX MUST BE COMPLETED FOR ATTENDANCE

Parent/Guardian Authorizations: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to engage in all camp activities except as noted by me and/or the camper's physician.

In case of an emergency, the parent/guardian gives the Camp Coordinator or designee, the authority to contact the camper's doctor, rescue squad, or take the camper to a hospital emergency room and be treated by an emergency room doctor. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Signature of Parent or Guardian: _____

Printed Name: _____ Date: _____

Primary Doctor: _____ Phone #: _____ Hospital Preference: _____

Allergies (List All Known)

Medical Allergies

Describe Reaction and Management of Reaction

Food Allergies

Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.)

Is an Epinephrine Pen prescribed? YES NO

If yes, reason _____

Medications:

- Student takes no medications on a routine basis
- Student takes daily medications:

Please list: _____

Please describe any restrictions to activity (what cannot be done, what adaptations or limitations are necessary):

If the student has experienced any of the following health concerns, please describe the treatment(s) used and the appropriate dates:

Health Concern	Yes	No	Comments – Treatments and Approximate Dates
Cardiac Disorder			
Seizures/Neurological Disorder			
Diabetes/Metabolic Disorder			
Bleeding Disorder			
Hospitalization/Surgery			
Asthma/Respiratory Disorder			
Chronic Illness			
Visual Deficit/Eye Disorder			
Speech Deficit/Throat Disorder			
Diet Restrictions/Digestive Disorder			
Eating Disorder			
Orthopedic Disorder			
Chicken Pox			
Mononucleosis			
Psychological Concerns			
Headaches			
Head Injury/Concussion			
Menstrual/Genitourinary Disorder			

Riverside Summer Camp

Medication Request Form

**Only complete and submit if you are requesting Riverside employees to administer medication.*

To be completed by Physician for prescription medications

Medication(s)			
Dosage/Time			
Duration			
Date of Rx			
Diagnosis requiring Meds			
Possible side effects			

Signature of Physician _____ Date _____

To be completed by Parent/Guardian for over-the-counter medications

Medication(s)			
Dosage/Time			
Duration			
Possible side effects			

I, _____, parent or legal guardian of _____ request that the medical trained management employees administer the above medication to _____ during camp hours and at the times indicated. I agree to furnish said medication in the container supplied by the drug store with the label intact. I understand and accept that Riverside School, and its employees are not responsible for any effects of the medication administered when it is administered correctly as directed above.

I also agree to pick up unused medication from the school office the last day of the camp. Failure to do so will result in the medication being disposed of after that date by appropriate school personnel.

Parent/Guardian Signature

Date

Applicant's Name _____

The following questions will help us to further expand our profile of each applicant. Please feel free to use this space, or submit your answers on a separate sheet.

1. Write a brief description of your child. _____

2. What hobbies, sports, or other activities does your child engage in during free time?

3. Describe your child's relationships with peers. Please include the ages and types of activities shared with others. _____

4. How does your child handle frustration and conflict? Please describe an example. _____

5. What are your child's responsibilities at home? _____

6. What special education services does your child receive at his/her school? _____

7. What do you see as your child's greatest strengths? _____

8. What area(s) challenges your child? _____

9. How do you see your child benefiting from attending Riverside Arts and STEM Summer Camp?

Riverside School

Camp Riverside

RELEASE

Authorization to Reproduce Physical Likeness

I grant to **Riverside School** the right to photograph my child and use her/his picture, silhouette or other reproductions of my child's physical likeness in connection with advertisements, publications, or videotapes of Riverside School. These reproductions may include an exhibition, incorporation into a publication, a television broadcast, school advertisement or promotion, or other use of videotapes (i.e. educational presentations, social skills, behavioral observations).

Student's Name (Please Print)

Signature of Parent/Guardian

Date

Relationship to Student