

# DELAPLAINE ARTS CENTER • STUDENT HEALTH HISTORY

## THE FOLLOWING INFORMATION IS REQUIRED FOR ALL STUDENTS UNDER 18 YEARS OLD

Child's full name & birth date: \_\_\_\_\_

Address of current residence: \_\_\_\_\_

1<sup>st</sup> Emergency contact  
(Parent or legal guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency contact  
(Other than name above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary care physician or  
other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

The persons listed above have my express consent to answer any and all questions regarding the welfare of my child. If neither of the emergency contacts listed above can be reached, I authorize the staff of The Delaplaine Arts Center to take whatever steps necessary, including hospitalization, to ensure the welfare of my child.

### HEALTH INFORMATION

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

- NO     YES, and youth camp participation was discussed with the camper's healthcare provider including considerations related to risk of COVID-19. – Explain health problems and any considerations below:

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Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware to ensure that your child's camp experience is positive?

- NO     YES – Explain below and attach any applicable supplemental forms (see next page)

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**Supplemental forms:**

- All medications: attach authorization form [MDH-4758](#)
- Inhaler or other asthma-related medications: attach form [MDH-4758- Asthma Action](#)
- Allergies treated with medication: attach an [Allergy Action Plan](#)

**IMMUNIZATION INFORMATION**

***Must list current residence above.***

For campers who currently reside within the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?

NO

YES – List: \_\_\_\_\_

For campers who reside outside the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on form [MDH-896](#).

The undersigned does hereby release, forever discharge and agree to hold harmless The Delaplaine Arts Center, Inc., its board, staff, and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in Delaplaine activities. The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may be required. In the event or the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said The Delaplaine Arts Center, its board, staff and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to help or to administer medical care on behalf of the participant.

*The Delaplaine routinely captures photos and videos during classes, events, and programs. Images may be used online or in print to promote the Delaplaine Arts Center and its mission. If you DO NOT wish to appear in Delaplaine photos or videos, please notify Delaplaine staff or email your request to [info@delaplaine.org](mailto:info@delaplaine.org).*

Parent or legal guardian's name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DELAPLAINE ARTS CENTER • PICK UP AUTHORIZATION

## THE FOLLOWING INFORMATION IS REQUIRED FOR ALL STUDENTS UNDER 18 YEARS OLD

Student's name (last, first): \_\_\_\_\_

Person(s) authorized to pick-up my child (please print):

Name:

Relationship:

Name:	Relationship:
_____	Parent / guardian <i>(person filling out this form)</i>
_____	_____
_____	_____
_____	_____
_____	_____

Parent or legal guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_