

CAMP READ-A-RAMA 2024

For "in-person" campers ONLY

Compass campers should return completed forms to Compass Main Office;
other campers' forms should be emailed to campreadarama@gmail.com

Please PRINT and be sure to fill out the highlighted areas.

Camper's Name	Age	Grade Entering	Gender
1)			
2)			
3)			

Parent(s) or Guardian(s) _____

Phone 1: Day () _____ Evening () _____ Cell () _____

Phone 2: Day () _____ Evening () _____ Cell () _____

Email 1: _____ Email 2: _____

Home Address _____
Street & Number
City
State
Zip

Session(s) Attending:

- ___ Saturday, February 17, 9:30-4:00, Wilderness Wonders, REI Flagship Store, 222 Yale Avenue N, Seattle
- ___ Saturday, March 16, 9:30-4:00, Marvelous Mysteries, Dearborn Park International School, 2820 S. Orcas Street, Seattle
- ___ Saturday, April 27, 9:30-4:00, Art All Around, Seattle Art Museum, 1300 1st Ave, Seattle
- ___ Saturday, May 18, 9:30-4:00, Pollinator Pals, Seattle Asian Art Museum, 1400 E Prospect St., Seattle
- ___ Monday-Thursday, July 29-August 1, 9:00-4:30, Compass Broadview, 147 N 132nd St, Seattle, WA 98133
- ___ Monday-Thursday, August 5-9, 9:00-4:30, Union Church, 415 Westlake, Seattle, WA 98109

Photo Release

I do

I do not

give Camp Read-a-Rama and the University of Washington and its employees, without expectation of value, permission to:

1. Record and use my children's likeness and appearance in video, audio tape, film photography, or any other medium; and
2. Exhibit copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose of advertising campaigns which Camp Read-a-Rama or University of Washington deem appropriate.

Field Trip and Participant Release

I acknowledge that my child's participation in field trips is solely on my own initiative, risk and responsibility. And I give permission for my child to ride on public and hired buses for camp field trips. The date and times of the field trips will be communicated before camp begins.

- Field trip for February 17: Cascade Playground, 333 Pontius Ave. N, Seattle, WA 98109
- Field trip for March 16: on-site playground at Dearborn Park International School
- Field Trip for April 27: on-site exhibits in the Seattle Art Museum
- Field Trip for May 18: Volunteer Park Conservatory, 1400 E Galer St, Seattle, WA 98112
- Field Trips for summer camps will be finalized to the camp session dates.

Behavior Management Policy

Child's Name _____ Parent's/Guardian's Initials _____

Camp Read-a-Rama offers a safe and nurturing camp environment with a low staff-to-camper ratio. To maintain the high quality of programming and care we offer, the camp staff and director will not tolerate hitting, fighting, kicking, spitting, lying, profane language, disrespectful treatment of campers or staff, or intentionally disobeying camp rules.

- For the first infraction, the camp director will talk with the camper and discuss the matter with the parent or guardian.
- For the second infraction, the parent or guardian will be called to pick the camper up for the rest of the camp day.
- For a third infraction, the parent or guardian will be asked to pick up the camper, who will not be allowed to attend camp for the rest of the season. Parents who paid camp fees should not expect a refund of camp fees in this case.

Consent & Waiver

In consideration of my child, the participant, being permitted to take part in the above program, I, on behalf of my child, agree and understand that:

- My child’s participation is completely voluntary, and my child will abide by all the rules, guidelines, regulations, and code of conduct of Camp Read-a-Rama and/or host/site location requirements;
- I must complete and submit all necessary paperwork in a timely way;
- Program staff have the authority to make decisions regarding my child’s continued participation if my child’s conduct or the circumstances warrant discontinued participation;
- My child will be asked to leave the program if I or my child do not abide by the rules, regulations, and behavior management policy of Camp Read-a-Rama;
- I recognize that my child’s participation in the program, including field trips and transportation to and from activity sites, carries with it risks, including, but not limited to, criminal acts, injuries, illness, death, paralysis, property losses, and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this program and I freely assume the risks and consent to my child’s participation;
- If my child is ill, I will not send them to camp;
- I further declare that my child is fit and capable of participating in the program with the following accommodations:

I agree that my child can only be released to the following individual(s) during the Camp Read-a-Rama Program. Parents/Guardians: Please include your names as well as any others authorized to whom to release your child. Please do not ask us to rely on a verbal permission.

Names:

Relationship:

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

My Child **CANNOT** be released to the following individuals:

Names:

Other Information:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |

Parent/Guardian Signature _____ **Date** _____

Child’s Name _____ Parent’s/Guardian’s Initials _____

CAMP READ-A-RAMA HEALTH FORM

Compass campers should return completed forms to Compass Main Office;
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**TO BE COMPLETED BY PARENT OR GUARDIAN.
FORM MUST BE SIGNED AND DATED (SEE PARENT'S AUTHORIZATION & PERMISSION TO TREAT)
AND EACH CHILD NEEDS A SEPARATE HEALTH FORM**

Parent(s) or Guardian(s) _____

Phone 1: Day () _____ Evening () _____ Cell () _____

Phone 2: Day () _____ Evening () _____ Cell () _____

Email 1: _____ Email 2: _____

Home Address _____
Street & Number City State Zip

If not available in an emergency, notify:

1. _____ Relationship to camper _____
Name

Home Phone Work Phone Cell Phone

2. _____ Relationship to camper _____
Name

Home Phone Work Phone Cell Phone

HEALTH HISTORY: (Check if the participant has had any of the following, giving dates where applicable)

ALLERGIES:

Ear Infections	Chicken Pox	Seasonal/Environmental
Asthma	Rheumatic Fever	Poison Ivy/Oak
Seizures	Chest Pain/passing out w/exertion	Insect stings
Diabetes	Measles	Penicillin

Details of Above (frequency, severity, triggers) **and include any additional medication or food allergies or sensitivities:**

Operations or Serious Injuries (Dates) _____

Chronic or Recurring Illness _____

Parent/Guardian Comments: _____

Child's Name _____ Parent's/Guardian's Initials _____

IMMUNIZATION RECORD

___ My child has been immunized. ___ My child has not been immunized.

You may provide a shot record in lieu of completing this part of the form.

DTP Series	booster	Tetanus booster (w/in last 10 yrs)
Polio IPV	booster	MMR
Hepatitis B ___ ___ ___	COVID-19	Varicella (Chicken Pox)

MEDICATIONS BEING TAKEN

___ This person takes NO medications on a routine basis

___ This person takes medications as follows (*attach additional pages if needed*):

Medicine:	Dosage:	Times taken each day:	Reason for taking:

THIS MUST BE SIGNED FOR CHILD TO ATTEND CAMP

PARENT/GUARDIAN AUTHORIZATION & PERMISSION TO TREAT:

By signing this health history, I certify that:

- As far as I know, the information is correct, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me;
- I have read, understand and agree to all terms of the consent and declaration of prescription medications, over-the-counter drugs, and health or medical monitoring devices;
- I am the parent/legal guardian with the authority to provide the authorization and consent for administering prescription medications, over-the-counter drugs, and health or medical monitoring devices;
- I give the camp staff permission, in case of accident or injury, to administer standard First Aid and/or to arrange for transportation to a medical facility;
- I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation to medical care for my child;
- I will advise the Camp Read-a-Rama staff and/or host site administrators of any situation or condition that may be a potential risk or hazard.
- I am solely liable for any expenses incurred on my own or my child’s behalf, including but not limited to medical or health care expenses; *In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child.*
- I understand that my child will need to wear a mask for indoor camp activities.

Parent/Guardian Signature _____ Date _____

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 Other campers’ forms should be emailed to campreadarama@gmail.com
 For more information & questions, contact: Dr. Michelle H. Martin, Read-a-Rama Director
 864-508-1838, campreadarama@gmail.com

Child’s Name _____ Parent’s/Guardian’s Initials _____