



**Camper Info:**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
   First  Last

Address \_\_\_\_\_  
   Street/P.O. Box  City  State  Zip

Age \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Religious Affiliation (if any) \_\_\_\_\_

School Attended \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Legal Guardian Info:**

Parent/Legal Guardian Name \_\_\_\_\_  
   First  Last

Relationship To Child \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Alternate Phone/Cell Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_



## Camper's Health Background continued:

Please list any additional information (problems with eating, appetite, problems with peers, friends, family members, school, sleeping, bedwetting, nightmares, behavioral changes). \_\_\_\_\_

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Has your child ever spent the night away from home?  Yes  No

Child's T-shirt size:  Youth Small  Youth Medium  Youth Large

Adult Small  Adult Medium  Adult Large

How did you hear about Camp Koala? Why did you choose our Camp? Please be specific, it helps. Thanks!

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Does your child have any interest such as hobbies, sports, or any special talents?

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## Bereavement History:

Name of person(s) who child lost \_\_\_\_\_

Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to child \_\_\_\_\_

Did the child live with this person?  Yes  No Cause of death? \_\_\_\_\_

Where did this person die? \_\_\_\_\_ Did the child attend the funeral?  Yes  No

**Bereavement History continued:**

Is/has your child received any counseling services/professional psychologist, professional psychiatrist/peer support/Good Grief Club/church counselor? Please explain: \_\_\_\_\_

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Has your child experienced multiple deaths of loved ones? Or other trauma? Please explain. \_\_\_\_\_

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Have there been any other changes / stresses in your child's life such as divorce, illness, remarriage, pet death, change in school or home location? Please explain: \_\_\_\_\_

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## Health History

This section will be kept on file with our Staff Nurse

Please list all medications, dosages and times given. ANY and ALL medications need to be accompanied by a signed letter from your child's family physician with medications, dosages and times given. **Any and all medications will be kept in the nurse's station at all times.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

May we dispense Tylenol or Motrin to your child in the appropriate dosage based on age and weight if necessary?  Yes  No Date of last tetanus shot? \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name \_\_\_\_\_ Phone(\_\_\_\_\_)\_\_\_\_\_  
First Last

Are there any activities that your child may not be able to participate in while at camp? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Child's Health History

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADD                  | <input type="checkbox"/> Ear infections     | <input type="checkbox"/> Kidney disease     |
| <input type="checkbox"/> ADHD                 | <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> AIDS                 | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Nosebleeds         |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Heart Disease      | <input type="checkbox"/> Wears glasses      |
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Hepatitis          | <input type="checkbox"/> Wears contacts     |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> HIV                |   |

Other \_\_\_\_\_  
\_\_\_\_\_

**Health History continued**

This section will kept on file with our Staff Nurse

Is there any other information we need to know to safely care for your child? \_\_\_\_\_

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To the best of my knowledge, the above information is correct and accurate.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian

I give permission to agents of Camp Koala to administer first aid to my child listed above and authorize emergency transport to the nearest acute care facility.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian

Please include a photo of your child with your application or email to [director@campkoala.org](mailto:director@campkoala.org) for your file. This helps us to recognize your child when they arrive.

## Camp Koala Indemnification Agreement

1. I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_, to attend Camp Koala. I understand that the goal of Camp Koala is to help facilitate the bereavement process and to provide support for my child in expressing their feelings of grief.

2. I give permission for my child to be photographed, videotaped, audiotaped or interviewed during Camp Koala under staff supervision. This material may be used for future publicity of Camp Koala including for use by the news media.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_/\_\_\_\_/\_\_\_\_

3. In consideration of the above-named child being granted permission by Camp Koala, Inc., to attend Camp Koala,

I, for myself and behalf of my child, release and discharge Camp Koala, Inc., its agents, Board of Directors, Officers, Volunteers, Executive Director, from all claims, demands, actions and judgments, which I or my child ever had or now has or may have against Camp Koala for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her negligence or any other fault.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Indemnification Agreement

4. Also, in consideration of the above-named child being granted permission by Camp Koala, Inc., to attend Camp Koala, Inc.;

I agree to indemnify and hold harmless Camp Koala, Inc. for any and all claims, demand, actions and judgments whatsoever of every name and nature, both in law and equity, which my child ever had or now has or may have against Camp Koala, for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her attendance at Camp Koala, including but not limited to, injury caused by or arising from Camp Koala's own negligence.

I, the undersigned, have read this release and understand all of its terms.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_/\_\_\_\_/\_\_\_\_