



Rohe Farm Camp REGISTRATION
Please send this completed document and immunization record to

Caitlin Rohe Eaton
3039 Brewer Road
Marietta, NY 13110

MEDICAL INFORMATION & RELEASE

This form is mandatory. Campers cannot participate without this signed form.

Please do not leave blanks. Write "None" if it doesn't apply to you. Attach additional pages as necessary.

1) Camper's Name: _____

2) Please list any past Medical Treatments: _____

4) List any allergies and treatment if exposed _____

5) Any special dietary needs (ex. Vegetarian, Religious, Lactose Intolerant): _____

6) Behavioral or other information Camp staff should know to ensure your child has a positive camp experience:

7) A photocopy of your child's immunization record must be sent in along with registration. This requirement is necessary to comply with New York State Health regulations.

Please Read and Sign:

My child, _____, has permission to participate in all camp activities. I understand that these activities may include certain risks and I assume these risks on my own behalf and on behalf of my child.

**I authorize Staff to witness and document administration, and help open, but not dispense or dose, products medications listed above to my child, and acknowledge that my child will not be provided any medication I have not authorized. I authorize camp staff to secure medical or other treatment for my child at my expense if I am unable to be reached in an emergency.*

* I authorize my child to have and use both sunscreen and bug spray while at Rohe Farm Camp.
_____ yes _____ No

** I authorize Summer on the Farm Staff to use my child's photo or likeness in promotional or informational materials which may be distributed to the general public.*
_____ yes _____ No I do not want my child's photo used or put on the daily Facebook post.

** In consideration for my child's participation in camp activities, on my own behalf and on behalf of my child, I hereby agree not to sue and to waive, release, and discharge Rohe Farms and its subsidiaries and affiliates, employees, and volunteers, of and from any and all claims, causes of action, and damages, which arise out of, or are connected in any way, directly or indirectly, with my child's participation in the Summer on the Farm / Rohe Farms camp program, including, but not limited to, any claims of negligence.*

Parent/Guardian Signature _____

Print Name: _____

Date _____

Self-Medication Guidelines (Only fill out if your child will be taking medication at camp):

Employees of Rohe Farms are prohibited from administering any medications to any person at any time, including participants in our Summer Camp Program, with the exception of Epi-pens in an emergency. Participants may, however, self-administer medication including asthma inhalers with parent/guardian permission **and** doctor's written order. Per New York State Health Department regulations, the following written order completed in full from your child's physician/ prescriber is required for self – administration of any medication, including Epi-pens (Self- administered or administered by trained staff) and over the counter medications. Pharmacy labels are not a substitute for written orders. Please make sure your child knows the correct dosage and how to use or apply the medication.

Allergies / conditions that require medications:

If applicable, please have your child's physician / prescriber fill out the following:

Name of patient: _____ **D.O.B.** _____

Name of medication: _____

Dosage and route: _____

Frequency and times taken: _____

Prescriber's name and title: _____

Prescriber's phone number: _____

Prescriber's Signature: _____

Date: _____

Parental Authorization:

I hereby authorize the following child to self administer the medication listed above which has been approved and prescribed by my child's physician. I understand that employees of Rohe Farms cannot assist my child in any way during self administration, including removing medication from its container (with the exception of administration of Epi-pens by trained staff). In an emergency, when the undersigned or other named person cannot be contacted, I hereby authorize Rohe Farms Staff to take any action deemed necessary for the best interest of my child.

Signature of Parent/Guardian

Date