

Camp Iwanna EMERGENCY MEDICAL INFORMATION

Camper's Name: _____ Grade: _____

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Telephone: _____

Office Number : _____ Beeper Number: _____ Cellular Number : _____

Father's Name: _____ Telephone: _____

Office Number : _____ Beeper Number: _____ Cellular Number : _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name: _____ Relationship : _____ Telephone : _____

Address: _____ City: _____

Name: _____ Relationship : _____ Telephone : _____

Address: _____ City: _____

EMERGENCY CONTACTS

In case of accident of serious illness or need to go home, I request that the staff of Proper Protocol contact me. If they are unable to reach me, I authorize the following people to may make whatever arrangements seem necessary.

NAME _____ **Phone# ()** _____

NAME _____ **Phone #()** _____

Signature of parent/guardian: _____ **Date:** _____

Remarks: _____

Allergies: _____

Medications: _____

Date of last tetanus shot: _____

Other conditions: _____

Local Physician's Name: _____ **Telephone: ()** _____

CAMPERS NAME: _____

Location of Class: _____

Camp Iwanna PARENT/GAURDIAN CONSENT FORM

This form must be completed and signed in order for your child to be considered to attend camp.

(Circle Yes or NO)

- My child may participate in all camp related supervised activities. Yes No
My child may ride in limousines provided by Proper Protocol. Yes No
My child may participate in a personal and group photo session. Yes No
My child may appear on television, either in the audience or as a guest. Yes No
My child may appear in newspaper or magazine representing Camp Iwanna. Yes No

PHOTO RELEASE CONSENT

I give Proper Protocol Camp and selected news media permission to photograph and use pictures, videos and audio tapes of my child either alone or in groups for newsletters, bulletin boards, camp album or use in public understanding programs. Proper Protocol respects the privacy of its campers and does not allow unauthorized visitors to photograph the campers.

Parent/Guardian Signature: _____ Yes No

CONSENT FOR MEDICAL TREATMENT

The undersigned Parent/Guardian hereby grants permission to Proper Protocol, Inc (PPI) to administer medications and provide medical care for my child including any medical emergency care required. I also give my consent for any emergency transportation deemed necessary. I assume full financial responsibility for any medical expenses incurred by my child while at PPI camp and understand that PPI is not liable for any such expenses.

Parent/Guardian Signature: _____ Yes No

RELEASE OF LIABILITY

I, the undersigned Parent/Guardian assumes full financial responsibility for any damage or destruction of properties at various camp locations, as a result of my child and understand that I may be billed for any damage or destruction.

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE AND AGREE THAT ALL INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian

Date

Location of Class: _____

Camp Iwanna Confidential Check List

This is a list based on a third grade level. These basic social skills should be emphasized by this time. Please fill out this list to better inform me on what areas need extra attention.

Check only the areas that need attention.

If you have a special request or topic that you would like addressed, please write it on the back of this sheet.

1. ____ Seeks permission before using someone else's property.
2. ____ Doesn't talk with a full mouth.
3. ____ Returns borrowed items on his/her own.
4. ____ Asks to be excused from the table.
5. ____ A good visitor at other homes.
6. ____ Covers mouth when coughing or sneezing.
7. ____ Holds door open for others.
8. ____ Says "excuse me" when needed.
9. ____ Accepts "no" from adults gracefully.
10. ____ Chews gum with mouth closed.
11. ____ Sits quietly in public places, (movies, library or restaurants).
12. ____ Handles temper well, doesn't call names or shout.
13. ____ Asks permission from who's in charge.
14. ____ Writes thank you notes.
15. ____ Uses table utensils properly.
16. ____ Says "Thank You" to friends parents after visiting or playing.
17. ____ Doesn't "Cut" in line.
18. ____ Acknowledges adults when being spoken to.
19. ____ Doesn't slam doors when angry.
20. ____ "Checks-in" when away from home or when plans change.
21. ____ Sincerely Apologizes when wrong.
22. ____ Accepts and apology forgivingly.
23. ____ Says "Please and Thank you" regularly.
24. ____ Answers the telephone politely.
25. ____ Does not interrupt others.

Name of Student: _____ Date: _____

Location of Class: _____