**2017 Old Sacramento History Camp**

**Registration Guide**

**General Camp Information:**

* Old Sacramento History Camp is held in Old Sacramento. It is located in the Sacramento History Museum’s Living History Center, located across the street from the museum off of Firehouse Alley.
* Children will visit Old Sacramento museums, state historic parks, and local historic sites during their camp stay.
* Each week contains different field trips, activities, and crafts. Themes are as follows:
  + **July 10-14 HISTORY LIVE!** Campers will spend the week rehearsing an original play, with a special performance for parents the last day of camp!
  + **July 17-21 GOLD FEVER!**  Campers will discover California’s Gold Rush history!
  + **July 24-28 DIG IT!** Campers will spend the week exploring different occupations related to history. This week is recommended for children 8 and above.
* Parents/Guardians must sign their children in and out of camp daily. Only authorized parents/guardians or persons will be allowed to sign their children in and out of camp. If you arrange for another person to drop off or pick up your child, you must fill out the Release Authorization Form for Drop-off and Pick-up for each person being authorized to perform this duty (page 14).
* Registration packets must be completed and submitted for each child/camper prior to the first day of camp, including any food and animal allergies and all medical needs.
* Welcome packets will be sent out one month prior to camp and will include a daily itinerary, map and information on field trips, lunches, clothing requirements, etc.

**Pricing and Payment Information**

* Please note that pricing has changed for 2017 Old Sacramento History Camp sessions. Please carefully read through the information below.

**Early Bird Registration: April 10-16, 2017**

**(Must be registered by 5:00 p.m. April 16)**

$185 per week and per child

**Become a Sacramento History Museum Member for only $60 and save!**

**Member Rate: $165 per week and per child**

**Regular Registration: After April 16**

$200 per week and per child

**Become a Sacramento History Museum Member for only $60 and save!**

**Member Rate: $180 per week and per child**

**Extended Care Options**

We offer extended care from 7:30 a.m. – 9:00 a.m. in the morning and 4:00 p.m. – 5:30 p.m. in the evening. The cost is $15 per day or $60 per week. Please check day and time below if you would like to include extended care. Please note that extended care may be added now or at a later date once the camper is registered.

**Registering for Camp!**

1. Complete this packet for each child that will be attending. Completed packets must be received prior to the first day of camp for a child/camper to be registered.
2. Be sure to select a camp session. If you would like to enroll your child in multiple sessions, please mark each one (page 3).
3. Please complete the Old Sacramento History Camp Enrollment Form (pages 3-4).
4. Please review the Pricing and Payment Information and fill out if necessary (pages 5-7).
5. Please complete and sign the Release and Indemnity Agreement (page 8).
6. Please complete the 2016 Old Sacramento History Camp Health History Form (pages 9-13) and be sure to sign and date the last page.
7. Registration will not be complete until payment has been received. Payments may be made in person, over the phone, or by mail. To register by phone, please call the Museum front desk at 916-808-7059 and have your credit card information ready. The entire payment must be made at time of registration.
8. Return this entire completed packet for each child/camper to:

**Sacramento History Museum**

**ATTN: History Camp**

**101 I Street**

**Sacramento, CA 95814**

1. Refunds will only be issued with 48 hours’ notice prior to the first day of the designated camp session.

**Questions?**

Please contact Me’Lisa James at mcjames@cityofsacramento.org or (916) 808-4980 or Zoey Jennings at zjennings@cityofsacramento.org or (916) 808-6896.

2017 Old Sacramento History Camp

Enrollment Form

**Camp Sessions: Please check each session(s) you would like your child to attend**

**July 10 – July 14: HISTORY LIVE!**

**July 17 – July 21: GOLD FEVER!**

**July 24 – July 29: DIG IT!**

**Parent/Guardian Contact Information**

Parent/Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child/Camper Information**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Camper is Entering (must be entering 1st-7th): \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size (children’s):  X-Small  Small Medium Large  XL  XXL

Does the camper go by a nickname?  No  Yes Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you find out about History Camp?**

Ad in Parent’s Monthly, California Kids Word of mouth

Internet

If Internet is selected, please specify website:

EXTENDED CARE

**July 10 – July 14 HISTORY LIVE!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

**July 17 – July 21 GOLD FEVER!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

**July 24 – July 28 DIG IT!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

**COSTS (Please select the appropriate registration option)**

**Early Bird Registration: April 10-16, 2017 (must be registered by 5:00 p.m. April 16)**

*Non-member Registration:*

\_\_\_\_\_\_ # of Camp Sessions x $185 per week = $\_\_\_\_\_\_\_\_\_\_\_

**OR**

*Sacramento History Museum Member Registration:*

\_\_\_\_\_\_ # of Camp Sessions x $165 per week = $\_\_\_\_\_\_\_\_\_\_\_

Please add a Sacramento History Museum Family Membership to my enrollment = $\_\_60.00\_\_

*Optional Extended Care:*

\_\_\_\_\_\_ # of Extended Care Days x $15 per day = $\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ # of Extended Care Weeks x $60 per week = $\_\_\_\_\_\_\_\_\_\_\_

**TOTAL AMOUNT DUE: \_\_\_\_\_\_\_\_\_\_\_\_**

**Payment information**

*We accept checks, all major credit cards, or cash. Cash payments must be made in person at the Sacramento History Museum.*

\*Checks: Please make checks payable to Sacramento History Museum.

Credit Card: Visa Mastercard American Express  Discover

Name as it appears on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_Security Code: \_\_\_\_\_\_\_\_\_

Signature of card holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email to receive receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regular Registration: After April 16**

*Non-member Registration:*

\_\_\_\_\_\_ # of Camp Sessions x $200 per week = $\_\_\_\_\_\_\_\_\_\_\_

**OR**

*Sacramento History Museum Member Registration:*

\_\_\_\_\_\_ # of Camp Sessions x $180 per week = $\_\_\_\_\_\_\_\_\_\_\_

Please add a Sacramento History Museum Family Membership to my enrollment = $\_\_60.00\_\_

*Optional Extended Care:*

\_\_\_\_\_\_ # of Extended Care Days x $15 per day = $\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ # of Extended Care Weeks x $60 per week = $\_\_\_\_\_\_\_\_\_\_\_

**TOTAL AMOUNT DUE: \_\_\_\_\_\_\_\_\_\_\_\_**

**Payment information**

*We accept checks, all major credit cards, or cash. Cash payments must be made in person at the Sacramento History Museum.*

\*Checks: Please make checks payable to Sacramento History Museum.

Credit Card: Visa Mastercard American Express  Discover

Name as it appears on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_Security Code: \_\_\_\_\_\_\_\_\_

Signature of card holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email to receive receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2017 Old Sacramento History Camp**

**Health History Form**

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care.

**Emergency Contacts**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list two additional emergency contacts:**

1. Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

Is the child covered by family medical/hospital insurance?  Yes No

Physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance or Medical ID. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2017 Old Sacramento History Camp**

**Release Authorization Form for Drop-off and Pick-up**

If someone other than the child’s parent/guardian (registered on the Enrollment Form) is authorized to pick up the child, an authorization form must be submitted for each authorized person. A child will not be allowed to leave with another person unless authorized to do so by the parent/guardian.

If, due to unforeseen circumstances or an emergency, it is necessary for someone else to pick up your child, a note or telephone call from the parent/guardian is necessary. Please be aware that the person may be asked to identify him/herself before we release your child.

If there are any custody issues, please alert Old Sacramento History Camp staff prior to the first day of camp.

**Release Form**

The following people are authorized to pick up my child from the Old Sacramento History Camp. I authorize Old Sacramento History Camp staff and volunteers to release my child to their care.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Session Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Person to pick-up my child:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2017 Old Sacramento History Camp**

**Release and Indemnity Agreement**

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, referred to in this agreement as “my child”, who will be participating in the Old Sacramento Summer 2017 History Camp, I understand that anyone acting on behalf of the Historic Old Sacramento Foundation (Camp guides, volunteers, staff, and Board of Directors) will take all reasonable steps to provide a safe environment for everyone who participates in the Summer Camp activities. I authorize the Historic Old Sacramento Foundation to make medical emergency decisions on behalf of my child, and I further acknowledge that the Historic Old Sacramento Foundation will not be held liable for any resulting medical charges or held liable in any other way. I am also aware that there are certain risks involved in these activities, which might result in personal injury or property damage, and by allowing my child to participate in such activities I agree to accept all risks of injury or damage. I agree to allow the Historic Old Sacramento Foundation to use photos for promotional purposes that may contain images of my child. Furthermore, I agree to hold harmless the Historic Old Sacramento Foundation, its camp guides, volunteers, staff, and Board of Directors for any liability on behalf of my child or myself. I also agree to indemnify the Historic Old Sacramento Foundation for any expenses of liability that result because of a claim made by or on behalf of my child. I understand that this agreement is binding to me, my child and anyone else acting on behalf of my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Health History: Allergies**

*Please list all known medication, food, and other allergies and describe reaction(s) and management of the reaction(s).*

**Health History: General Health Questionnaire**

|  |  |  |
| --- | --- | --- |
| **General Health Questions (Please explain any “yes” answers below** | **YES** | **NO** |
| Has your child had any recent injury, illness, or infectious disease? |  |  |
| Have a chronic or recurring illness/condition? |  |  |
| Had a recent medical procedure, including surgery, or hospital admittance? |  |  |
| Have frequent headaches? |  |  |
| Wear glasses, contacts, or protective eyewear? |  |  |
| Ever been dizzy or passed out during or after exercise? |  |  |
| Ever had seizures? |  |  |
| Ever had high blood pressure? |  |  |
| Ever been diagnosed with a heart murmur? |  |  |
| Ever had back problems? |  |  |
| Have an orthodontic appliance being brought to camp? |  |  |
| Have diabetes? |  |  |
| Have asthma? |  |  |

Please explain any “yes” answers, noting the number of the question:

**Health History: Medications**

Please list all medications (including over-the-counter or nonprescription drugs taken routinely). Bring enough medication to last the entire week of camp. Keep it in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This child does not take any medications on a routine basis.

This child takes the following medications:

Medication #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific times taken each day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking the medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific times taken each day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking the medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific times taken each day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking the medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication #4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific times taken each day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking the medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach additional pages for more medications. Be sure include all of the above information for each additional medication.

**Health History: Other Information**

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Use this space to provide any additional information about the child’s behavior and physical, emotional, or mental health about which the camp should be aware:

Additional Health Notes (if needed):

Please attach any additional pages as necessary.

The Old Sacramento History Camp Health History Form is correct and complete to the best of my knowledge. The person herein named has permission to engage in all camp activities except as noted. I authorize the Historic Old Sacramento Foundation to make medical emergency decisions on behalf of my child, and I further acknowledge that the Historic Old Sacramento Foundation will not be held liable for any resulting medical charges or held liable in any other way. I am also aware that there are certain risks involved in these activities, which might result in personal injury or property damage, and by allowing my child to participate in such activities I agree to accept all risks of injury or damage.

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