

Grand Targhee Resort Summer Registration 2024
Medical History- Emergency Information
USE ONE FORM PER CHILD

Date: _____

Child's Name (*Last, First, MI*) _____

Birthdate _____ Age _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Second Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

EMERGENCY INFORMATION

In case of emergency, what relative, neighbor, or friend can be called?

Name _____ **Relationship** _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Family physician _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

For staff use: Completed Registration Packet includes completed and signed Medical History (pg.2) Waiver
Immunization records

HEALTH INFORMATION

Please **check** if your child has had or been diagnosed with the following and **date** of last occurrence:

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD* _____ | <input type="checkbox"/> Physical Disability* _____ | <input type="checkbox"/> Measles _____ |
| <input type="checkbox"/> Eating Disorders* _____ | <input type="checkbox"/> Respiratory illness* _____ | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Headaches* _____ | <input type="checkbox"/> Ear Infections _____ | <input type="checkbox"/> German Measles _____ |
| <input type="checkbox"/> Asthma* _____ | <input type="checkbox"/> Strep Throat _____ | <input type="checkbox"/> Chicken Pox _____ |
| <input type="checkbox"/> Seizures* _____ | <input type="checkbox"/> Rheumatic fever _____ | <input type="checkbox"/> Glasses/contacts _____ |
| <input type="checkbox"/> Diabetes* _____ | <input type="checkbox"/> Mononucleosis _____ | <input type="checkbox"/> Dental problems* _____ |
| <input type="checkbox"/> Heart condition* _____ | <input type="checkbox"/> Hepatitis _____ | <input type="checkbox"/> Broken bones/sprains _____ |

COVID -19 _____ (Please keep your children home if they or anyone else in the home have had COVID-19 within the 14 days of their first day of camp.)

*Please provide more information:

Please describe any current physical, mental, or psychological conditions that require any medication, treatment, or special restrictions/considerations while at camp: _____

MEDICATIONS

****Summer Camp Counselors do not administer medication****

Please list medications currently being given to the child:

Medication Name _____ Dose _____ Frequency _____

Reason _____

Medication Name _____ Dose _____ Frequency _____

Reason _____

ALLERGIES

Please list allergies, reactions, and treatments. If there are no allergies, please mark N/A.

Allergy _____ Reaction _____ Treatment _____

Allergy _____ Reaction _____ Treatment _____

Allergy _____ Reaction _____ Treatment _____

INSURANCE INFORMATION:

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

If yes: Carrier _____ Policy or group # _____

Name of Policy Holder _____

AUTHORIZATION:

I give my permission to have a staff member apply the ***sunscreen**: Yes No

I give my permission to have a staff member apply the ***insect repellent**: Yes No

***please provide sunscreen and insect repellent for your child**

Persons Authorized to pick child up (Anyone picking up the child must be able to show a photo ID if requested):

Name: _____

Name: _____

Name: _____

Signature of Parent or Legal Guardian: _____

Date: _____

PLEASE INCLUDE A COMPLETE COPY OF YOUR CHILDS IMMUNIZATION RECORD & DATE OF LAST TETANUS SHOT

SUMMER CAMP DETAILS

Equipment List (Bring DAILY):

LABEL EVERYTHING WITH CHILD'S NAME. We are not responsible for lost items

- Water Bottle (something you can seal closed)
- Day Backpack (to carry lunch, water, clothes, snacks, **please NO tote bags**)
- Sunglasses (to protect against ultra-violet rays)
- Sunscreen
- Bug Repellent
- Comfortable Shoes (good broken-in sneakers or hiking boots, with socks, extra pair socks)
- Flip-Flops (to walk to the pool)
- Warm coat or windbreaker (for chairlift ride when applicable)
- Brimmed Hat (baseball cap or cowboy hat to provide sun protection)
- Swimsuit and Towel (we will swim daily, weather permitted)

****Layers for all kinds of weather****

We recommend that you prepare for the weather with layers, for example: long sleeve shirt, long pants, windbreaker, jacket or sweatshirt, and rain gear. High altitude/Mountain weather changes often and quickly. Please be prepared!

Lunch/Snacks

Lunch and snacks will **not** be provided for camp participants. Please make sure that you pack a lunch that will fill your child as he/she will be very active all day. They will also need to have at least 2 snacks in their backpack; one for the morning and one for the afternoon.

Release Forms:

We must have the original signed medical information/release form by your child's first day of camp!! Please note that a parent or legal guardian must sign the release form. *The medical information/release form must be on file in order for your child to participate in activities.* You may download the registration packet at: www.grandtarghee.com and mail or email to: snowsportschool@grandtarghee.com

TRANSPORTATION:

Pick up will be at Driggs Transit Center at 8:00am and Alta Elementary at 8:15am. Drop off will be at these same stops; Alta Elementary at 5:15pm and Driggs Transit Center at 5:30pm.

SAFETY:

Outdoor activities are a fundamental part of Grand Targhee Resort. Be assured that Summer Camp staff has First Aid and CPR training and will do their best to provide a safe, comfortable experience for the children. While accidents are infrequent, in the event of an injury we have emergency procedures in place.