

**Grand Targhee Resort Summer Registration 2022**  
**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](http://www.grandtarghee.com) and mail or email to:

GTR Summer Camp, C/O Carianne Jacobsen: 3300 E Ski Hill Rd - Alta, Wy 83414

Email: [cjacobsen@grandtarghee.com](mailto:cjacobsen@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. A counselor will meet you at your vehicle and take the child's temperature before they are allowed on the bus as a precaution due to COVID-19. Taking your child's temperature will be your form of signing your child in and out with us to minimize contact.

### 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.