



Camp Read-a-Rama Summer 2022

For kids entering grades 2-5

Return completed forms to Spokane County Library District

Camper's name	Age	Grade Entering	Gender	T-Shirt Size
1)				YS YM YL AS AM AL AXL
2)				YS YM YL AS AM AL AXL
3)				YS YM YL AS AM AL AXL

Parent(s) or Guardian(s) _____

Parent's Phone: HOME () _____ MOBILE () _____ WORK () _____

Parent's Phone: HOME () _____ MOBILE () _____ WORK () _____

Parent's email: _____ Parent's email: _____

Session Attending: Each week of camp covers the same material, so please choose only one week.

Camp Read-a-Rama is from **10am to 1pm**. Campers must be **picked up by 1:15pm each day**.

_____ Valley Mission Park: July 11-14

_____ Edgecliff Park: July 18-21

_____ Terrace View Park: July 25-28

PHOTO RELEASE

I **do** **do not** give Camp Read-a-Rama, Spokane County Library District and any participating partners permission to use photos and/or videos taken of me and/or my child(ren) listed above, to be used for publicity purposes to promote reading and library use. Photos could be used in one or more of the following ways: on bookmarks, on signs and flyers, to accompany news releases, in an annual report, on Spokane County Library District's website (www.sclld.org), and on social media channels.

CONSENT & WAIVER

In consideration of my Child, the Camper, being permitted to participate in the above Program, I, and on behalf of my Child, agree and understand that

- My Child will abide by all the rules, guidelines, regulations, and code of conduct of Camp Read-a-Rama and/or host/site location requirements.
- My Child may be asked to leave the Program if I or my Child do not abide by the rules, regulations, and code of conduct of Camp Read-a-Rama and/or the host site location requirements.
- Program staff have the authority to make decisions regarding my Child's continued participation if my Child's conduct or the circumstances warrant discontinued participation.
- My Child's participation in this Program is voluntary.
- I recognize that my Child's participation in the Program carries with it risks, including, but not limited to, illness, physical injury, loss of life, and property losses and damages that cannot be eliminated regardless of the care taken.
- I have investigated the risks involved in this Program, and I freely assume the risks and consent to my Child's participation.
- I further declare that my Child is fit and capable of participating in the Program with the following accommodations:

Child's Name _____ Parent's Initials _____

Further, on behalf of my Child and myself, I agree to:

- Complete and timely submit all necessary forms and paperwork.
- Certify that I have read, understand, and agree to all terms of the consent and declaration of prescription medications, over-the-counter drugs, and health or medical monitoring devices and that am the parent/legal guardian with the authority to provide the authorization, consent, and declaration of prescription medications, over-the-counter drugs, and health or medical monitoring devices terms and conditions forms.
- Give the Program staff the permission, in case of accident or injury, to administer standard First Aid and/or to arrange for transportation to a medical facility.
- Be solely and completely liable for any expenses incurred on my or my Child’s behalf, including, but not limited to, medical or healthcare expenses.
- Advise the Camp Read-a-Rama Program staff and/or host site administrators of any situation or condition that may be a potential hazard or risk.
- Understand that if my Child is not picked up at the end time of the Program, they are no longer under direct care of staff at the library or Camp Read-a-Rama, even if they are in the building.

I, furthermore, agree that my Child can only be released to the following individual(s) during the Camp Read-a-Rama Program.

Parents/Guardians: Please include your names as well as any others authorized to whom to release your child. Program staff cannot accept or rely on verbal permission. Please do not ask us to rely on a verbal permission.

Names:

1. _____
2. _____
3. _____

Relationship:

- _____
- _____
- _____

My Child **CANNOT** be released to the following individuals:

Names:

1. _____
2. _____

Other Information:

- _____
- _____

Behavior Management at Camp Read-a-Rama

Camp Read-a-Rama offers a safe and nurturing camp environment with a low staff-to-camper ratio. To maintain the high quality of programming and care we offer, camp staff and director will not tolerate hitting, fighting, kicking, spitting, lying, profane language, disrespectful treatment of campers or staff, and intentionally disobeying camp rules. Program staff will generally follow the progressive response below. However, the Library may elect to forgo the progressive response, when it determines, at its sole discretion, the circumstances warrant a different response.

- For the first infraction, the camp director will talk with the Camper and discuss the matter with the parent or guardian.
- For the second infraction, the parent or guardian will be called to pick the Camper up for the rest of the camp day.
- For a third infraction, the parent or guardian will be asked to pick up the Camper, and he or she will not be allowed to attend camp for the rest of the season.

Parent/Guardian Signature _____ **Date** _____

Please Return Completed Forms to:
 SCLD Administrative Office, Attention: Melanie Boerner, 4322 N Argonne Rd, Spokane, WA 99212
 For program questions, contact: Melanie Boerner, Literacy Program Coordinator
 509-893-8408, mboerner@sclcd.org

Child’s Name _____ Parent’s Initials _____

CAMP READ-A-RAMA HEALTH FORM

TO BE COMPLETED BY PARENT OR GUARDIAN.
FORM MUST BE SIGNED AND DATED (SEE PARENT'S AUTHORIZATION & PERMISSION TO TREAT)

If not available in an emergency, notify:

1) Name _____ Relationship to Camper _____

Home Phone _____ Mobile Phone _____ Work Phone _____

2) Name _____ Relationship to Camper _____

Home Phone _____ Mobile Phone _____ Work Phone _____

HEALTH HISTORY (Circle if the participant has had any of the following, giving dates where applicable)

Asthma Y | N If yes, date(s) _____

Chest pain / Passing out with exertion Y | N If yes, date(s) _____

Diabetes Y | N If yes, date(s) _____

Seizures Y | N If yes, date(s) _____

Allergies to insect stings Y | N If yes, describe with dates _____

Food allergies Y | N If yes, list _____

Details of Above (frequency, severity, triggers) and include any additional medication or food allergies or special needs:

Chronic or Recurring Illness Y | N If yes, explain _____

Parent/Guardian Additional Comments: _____

MEDICATIONS BEING TAKEN

This person takes NO medications on a routine basis

This person takes medications as follows (attach additional pages if needed):

Medication	Dosage	Times taken each day	Reason for taking

THE HEALTH FORM MUST BE SIGNED FOR A CHILD TO ATTEND CAMP.

PARENT AUTHORIZATION & PERMISSION TO TREAT This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me. I hereby give permission to the medical personnel selected by the camp director to provide routine healthcare; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Parent/Guardian Signature _____ Date _____

Child's Name _____ Parent's Initials _____