

Camp GBBG Medical & Consent Form

Please complete one form for each child. Return to hbiller@gbbg.org or mail to: Green Bay Botanical Garden Attn: Education Department 2600 Larsen Road Green Bay, WI 54303

Camper	Middle	Last		
Nickname	Birth Date	Gender:	Male	Female
Medical Information:				
Medical Insurance Company	nber			
Please describe any special health considerations that may affect your child's participation in this camp in the section below.				
Allergies? Yes No Please list all allergies and their severity below.				
Does your child require routine medication? Yes No Please list all medical concerns and medications below.				
Please list any limitations on activities below.				
Behaviors of which staff shou	ld be aware:			
Other information to assist staff in providing for the needs of your child:				

I attest that my child is in good physical and mental health. Any special considerations are indicated above. In case of accident or illness, I hereby give permission that my child may be given emergency treatment and, further, I authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia, and/or blood transfusions to the above named child that may be ordered by the medical care provider in attendance at the facility deemed necessary for medical treatment. I hereby consent to the release of medical report(s) to any medical care provider and consent to the admission of the above-named child to a hospital. I agree to be responsible for any medical expenses incurred on behalf of my child.

Parent/Guardian Signature		Date
Person to Contact in Case of Emerge	ncy:	
Name	R	elationship
Address	City	Zip
Day Phone	Cell Phone	
Alternate Emergency Contact:		
Name		Relationship
Address	City	Zip
Day Phone	Cell Phone	
Pick-Up Authorization		
I hereby authorize the following individ	duals to pick up my child in	my absence.
Name	R	elationshin
NameAddress	<u> </u>	Zin
Day Phone	Cell Phone	Zip
Name	מ	alationship
	N	Zip
Address Day Phone	City Cell Phone	Zīp
Name	R	elationship
NameAddress	City	Zip
Day Phone	Cell Phone	
Photography Release		
I give Green Bay Botanical Garden per	mission to photograph or vie	deo the above named child for
use by GBBG and its partners in educat	tion programs and events for	r promotional purposes. I
understand and agree that these images	may be duplicated, distribut	ted with or without charge,
and/or reformatted in any form and man	1 2	s, in perpetuity.
Note: The child will not be identified b	y name in photographs.	

Parent/Guardian Signature

Date