

# B.A.S.E. Camp Schoolage Intake Record

## Child Information

Child Name				Birth Date	Gender
Address	City	State	Zip	Phone Number	Race (optional)
School				Grade	Teacher

## Parent/Guardian Information

Name		Name	
Address	Phone #	Address	Phone #
E-mail	Occupation	E-mail	Occupation
Employer Name/Address		Employer Name/Address	
License Plate Number	Work Phone	License Plate Number	Work Phone
Is this person authorized to pick up the child? _____		Is this person authorized to pick up the child ? _____	

## Siblings

Name	Age	Grade
Name	Age	Grade

## Other adults in the home

Name	Relationship to child
Name	Relationship to child

## Emergency Contacts

Name	Address	City	State	Zip	Home Phone	Work Phone
Name	Address	City	State	Zip	Home Phone	Work Phone
Name	Address	City	State	Zip	Home Phone	Work Phone

## Persons authorized to pick up your child(Please include emergency contacts if appropriate)

Name	Address	City	State	Zip	Day Phone	Home Phone
Name	Address	City	State	Zip	Day Phone	Home Phone
Name	Address	City	State	Zip	Day Phone	Home Phone

## Persons not authorized to pick up your child(Please provide supporting documentation)

Name	Day Phone	Home Phone
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By signing below, I am giving permission for my child to participate in the B.A.S.E. Camp daily scheduled activities. I understand I may withhold permission for activities by a written note to staff. Should I not wish my child to participate, I will talk with staff about alternative care.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## Child's Medical History

Doctor	Address	Phone
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Dentist	Address	Phone
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Hospital if required by insurance.	Address	Phone
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Date of last physical examination

Has your child been hospitalized within the last five years?

**Has your child had any of the following - please check the box**

	ADD/ADHD Diagnosed		High blood pressure
	ADD/ADHD Treated		Low blood pressure
	Allergies to anesthetics		Malignancies
	Allergies to bites/stings		Measles
	Allergies to medicines or drugs		Mumps
	Anemia		Nervous Problems
	Asthma		Psychiatric care
	Chicken pox		Radiation Treatments
	Circulatory problems		Rheumatic fever
	Diabetes		Scarlet fever
	Excessive bleeding		Tonsillitis
	Food allergies		Tuberculosis
	Frequent nosebleeds		Typhoid Fever
	Hearing problems		Ulcer
	Hepatitis		

**Is your child currently taking prescribed medication?**

	No
	Yes - Please explain

**Does this or any other medication need to be taken while at B.A.S.E. Camp**

	No
	Yes - Please explain

**Are there physical, mental or emotional issues that the staff should be aware of in order to provide the best care possible for your child?**

**Please list any major changes in your child's life during the past year**

VACCINATION RECORDS: While your child's records are on file at the school office, the Colorado Dept. of Human Services, State Licensing, require B.A.S.E. to have a copy as well. Please attach a current vaccination record or submit the refusal claim statement. You can request a copy from your school.

Printed Name	Signature	Date:
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## Child Information

Please provide answers to the following questions so that we can better meet the needs of your child. Thank you for your help.

Has your child been in childcare before? Please describe (preschool, homecare, before and after) How does he/she feel about attending B.A.S.E. Camp

To better address the individual needs of my child while at B.A.S.E. Camp, I give permission for the B.A.S.E. Camp Staff to access my child's PSD records, discuss my child's information with PSD Staff and, in turn, allow PSD Staff the same access to my child's information and Staff at B.A.S.E. Camp.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

How does your child deal with change, stress, etc?

If staff should need to visit with you about your child, what is the best way and time to contact you.

What are your expectations for your child while he/she is at B.A.S.E. Camp?

Does your child have any special learning or behavioral needs that staff should be aware of in order to make his/her time with us more successful?

Does your child spend any of his/her day outside the regular classroom environment?

Are there any medical, physical or mental challenges that your child's participation in general activities or affect their interactions with other children?

Does your child communicate easily with adults and other children?

Has your child experienced discipline problems in the past? If so what suggestions do you have for B.A.S.E. Camp staff should this continue while your child is with us?

Is there anything else you would like to share about your child or family that would help staff make your child's experience with us a success?

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## Authorizations

### Emergency Medical

I hereby authorize emergency medical care for my child \_\_\_\_\_ during attendance with the B.A.S.E Camp Enrichment Program if, in the judgment of the staff, treatment other than First Aid is required for an injury or illness. I hereby, also authorize the administering of anesthetics and recourse to other procedures deemed necessary by the attending physician. I understand that whenever possible, I will be notified prior to medical treatment of my child. I understand that I will be notified at the earliest possible time should prior notice prove impossible.

The physician of my choice is \_\_\_\_\_

The physician's telephone number is \_\_\_\_\_

The hospital emergency room of my choice is \_\_\_\_\_

My child is allergic to the following medications and anesthetics \_\_\_\_\_

My child is allergic to the following food(s) \_\_\_\_\_

I understand that I am financially responsible for any expenses for medical treatment, car or ambulance transportation incurred on my child's behalf.

Signature of parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_

### Field Trip Permission

I hereby give permission for my child \_\_\_\_\_ to participate in field trips, whether on foot, or by vehicle. I understand that this is the primary permission slip I will sign, but that a conscientious effort will be made to notify me each time a trip is taken.

Signature of parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_

### Photographs/Video Permission

I hereby give permission for photographs or videos of my child taken by B.A.S.E. Camp to be used for promotional purposes, news releases etc.

Signature of parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_

### Sunscreen Permission

I hereby give permission for SPF 30 sunscreen to be distributed to my child when staff deems necessary on scheduled activities.

Signature of parent/guardian \_\_\_\_\_

date \_\_\_\_\_

Applications for care receive consideration without discrimination because of race, creed, color, sex, age, sexual orientation or national origin.

Schedule for \_\_\_\_\_  
Year \_\_\_\_\_  
Before On \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ Drop in \_\_\_\_\_  
After Only \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F  
B&A Only \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F

Schedule for \_\_\_\_\_  
Year \_\_\_\_\_  
Before On \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ Drop in \_\_\_\_\_  
After Only \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F  
B&A Only \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F

My child will attend the first day of school Y \_\_\_\_\_ N \_\_\_\_\_