#### KAMA'AINA KIDS HEALTH HISTORY FO Office Use Only 2) Bishop 3) Wet n 4) Lunch 1. Child's Name (last, first, m.i.) \_\_\_\_\_ Grade\_ \_\_\_ Gender\_ Aae Day Ca Bishop Wet n V \_\_\_\_\_ School Attending \_\_\_\_ \_\_\_\_\_ T-Shirt Size y Camp ------hop Museum-Surf S M L XL (Youth) Shirt Size: S M L XL (Adult) 2. Parents / Legal Guardians (AUTHORIZED TO PICK UP CHILD) LIC# Work Ph. Cell Ph. \_\_\_\_\_ LIC#\_\_\_\_ Work Ph. \_\_\_\_\_Cell Ph. \_\_\_ 1|2|3|4|5|6|7|8|9| 3|4|5| 7|8|9 7|8|9 1|2|3|4|5|6|7|8|9 \_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_ Mailing Address Medical Conditions/Allergies \_\_\_\_\_ Phone\_\_\_\_ Doctor's Name Trans Trans \_\_\_\_\_ City\_\_\_ State Zip Address 3|4|5| Policy # 6. Medical Insurance 7. Authorized Pick-Up & Emergency People (Other than parents / legal guardians): Work Ph. Cell Ph. Work Ph. Cell Ph. \_\_\_\_\_ b. Name 5) Keiki-Phit: Full-Day Half-Day 5/31 6/1 Immunization History: Provide the month and year for each immunization. Starred (\*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form. Dose 1 Dose 2 Dose 3 Dose 4 Most Recent Dose Dose 5 Immunization Month/Year Month/Year Month/Year Month/Year Month/Year Month/Year Day Camp: Ben Parker EL Hahaione Kahala Kaleiopuu Keoneula Diptheria, tetanus, pertussis\* (DTaP) or (TdaP) Tetanus booster\* (dT) or (TdaP) Mumps, measels, rubella\* (MMR) ] Liholiho ] MTP ] Salt Lake ] Voyager ] Waimalu Haemophilus influenzae type B Pneumococcal (PCV) Hepatitus B Hepatitus A Varicella ☐ Head chicken pox (chicken pox) Meningococcal meningitus (MCV4) Tuberculosis (TB) Test Date: ■ Negative Positive If your camper has not been fully immunized, please sign the following statement: I undestand and accept the risks to my child from not being fully immunized. Signature of Custodial Relationship Parent/Guardian: Date: to Camper: ---- SPONSOR ----I hereby agree that, if Kama'aina Kids staff is unable to contact me or one of the persons listed as emergency contact, I hereby consent that if my child exhibits signs of illness or injury, that at the discretion of the Kama'aina Kids supervisor on duty, my child may be taken to the nearest medical facility and be given any examination or treatment that is deemed necessary by the personnel of the medical facility and, if permissible by medical facility, subsequently released to Kama'aina Kids Supervisor or staff-in-charge. I hereby give my child permission to attend and participate in the activities conducted by Kama'aina Kids' program. These activities include aquatics, off-property excursions, van transportation, and enrichment activities. I hereby authorize Kama'aina Kids to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations programs. The video-photo may only be used by Kama`aina Kids. No further claims will be ----- DISCIPLINE -----Discipline is used to assure the safety and well being of all program participants. All children are expected to respect themselves, other people and their property. If a child is not following the guidelines of Kama' aina Kids staff consistent with these expectations, then the child will take a time out from the activity at the staff member's discretion. A child with consistent behavior problems will be sent to Kama' aina Kids' Program Site Coordinator who may contact the parents for the purpose of removing the child from the program. Kama' aina Kids reserves the right to refuse any child's future participa-I hereby authorize Kama'aina Kids and its employees to exercise the above stated policies in regard to my child. Signature of Custodial Parent/Guardian: Email: First/ Last Name:

# KAMA'AINA KIDS HEALTH HISTORY FORM 2

	"No" fo	or each statement. Explain "Yes" answers below	<i>l</i> .
Has/does the camper:			
1. Ever been hospitalized Yes	☐ No	11. Had fainting or dizziness	☐ No
2. Ever had surgery Yes	☐ No	12. Passed out/had chest pain during exercise Yes	☐ No
3. Have recurrent/chronic illnesses Yes	☐ No	13. Had mononucleosis during past 12 months Yes	☐ No
4. Had a recent infectious disease Yes	☐ No	14. If female, have problems with periods/mentrations	☐ No
5. Had a recent injury Yes	☐ No	15. Have problems with falling asleep/sleepwalking Yes	☐ No
6. Had asthma/wheezing/shortness of breath Yes	☐ No	16. Ever had back/joint problems Yes	☐ No
7. Have diabetes Yes	☐ No	17. Have problems with diarrhea/constipation Yes	☐ No
8. Had seizures Yes	☐ No	18. Have any skin problems Yes	☐ No
9. Had headaches Yes	☐ No	19. Traveled outside the country in the past 9 months	☐ No
10. Wear glasses, contacts or protective eyewear ☐ Yes	☐ No		
tries visited and dates of travel.			
<u>Allergies</u> : ☐ No known allergies ☐ This camper is aller		Food  Medicine  The environment (insect stings, hay fever, etc.)  lease describe below what the camper is allergic to and the reaction	
Health Care Providers & Emergency Contacts			
Nameof camper's primary doctor(s):		Phone: ()	
Primary Health Care Facility:		Phone: ()	
Primary Emergency Contact (other than parents):		Phone: ()	
		elow any additional information about the camper's health that you thinlamp program. You may also indicate any activities that you wish for you	
		Hawai'is Enrichment & Education Po	ds rofessionals

## **KAMA'AINA KIDS SPECIALTY CAMPS 2017**

## Program Description, Dates & Payment

1) CAMP BISHOP MUSEUM	**Check off the we			
Grades K-6 completed • June 5 - July 28	6/5 6/19 6/26	7/10	7/17 7/24	
☐ 6am - 6pm, \$210/weekWeek#	1 2 3 4 5	7	8 9	<sup>10</sup> x \$210 =
Lunch, \$30/weekWeek#	1 2 3 4 5		8 9	10 x \$30 =
Transportation, \$290/weekWeek#	1 2 3 4 5	7	8 9	10 x \$290 =
Pick-Up/Drop-Off At:				
☐ Ben Parker ☐ Hahaione ☐ Mililani Tech Park ☐ ON-SITE				
2) SEA LIFE PARK'S JR. ANIMAL TRAINER PROGRAM, Limited to Grades K-6 completed  **Registration available only through www.kan				
, ,	**Check off the we		od**	
3) CAMP WET 'N' WILD Grades K-6 completed • July 10 - July 28  Gam - 6pm, \$210/week	1 2 3 4 5 6		8 9 8 9 8 9	x \$210= x \$30 = x \$290 =
Pick-Up/Drop-Off At: ☐ Ben Parker ☐ Hahaione ☐ Mililani Tech Park ☐ Voyager PC	S 🔲 Waimalu 🔲 O	N-SIT	E	
4) Play-Well TEKnologies - STEM Design Using LEGO, Limited to Grades K-6 completed  **Registration available only through www.kan		**		
5) KEIKI-PHIT (please bring home lunch) Grades K-6 • May 30 - June 2  All Day Seesion: 8am - 5:30pm, \$150/child Half Day Session: 8am - 12:00pm, \$120/child  Pick-Up/Drop-Off At:				x \$150 = x \$120 =
☐ ON-SITE (Manoa Valley District Park- Lower Pavilion)				
There is a NON-REFUNDABLE deposit of \$50 PER CHILD, PER PROGRAM, due upon program • Kama'aina Kids will issue a full refund less a \$50 service fee for complete with the program has begun, there will be a \$50 service fee, plus a \$35/day fee for day camps and a \$50/day fee for remaining Specialty Camps, multiplied by the number of program of the progr	Viid Add totals from above			
drawal was received • Any changes in the dates of your registration or the location of you charged to your account. Please call 262-4538 to make changes.	program will result in a \$	10 servi	ce fee	305101AL#1

#### **KAMA'AINA KIDS DAY CAMPS 2017**

Program Description, Dates & Payment

Grades K-6 c  Gam - 6pm, Gam - 2:30  Lunch, \$2  Lunch, \$30  Pick-Up/Drop	om, \$1300/session 4/week (weeks 1, 3 & 6) 0/week (weeks 2, 4, 5, 7, 8, 9 -Off At:		5/30 6/5 6	SUMMER SUMMER 3 4 5 4 5	PACKAGE 6 7 8	x\$	1300 24	= = =
Grades K-6 c to Wet 'N' N to Bishop N to Sea Life to Play-We Lunch, \$30 Pick-Up/Drop	Auseum, \$185/week	ummer package (Box #7)	6/5 . 1 2 . 1 2 	6/19 6/26 3 4 5 REGISTE REGISTE 3 4 5	R ONLINE R ONLINE 7 8	9 10 x \$	185 185 30	= =
Grades K-6 c Gam - 6pm, Gam - 2:30 Gam - 6pm, Gam - 2:30 Gam - 2:30 Cunch, \$24 Cunch, \$30 Cunch, \$30 Cunch, \$30 Cunch, \$30 Cunch	om, \$120/week	4 (No Program 6/12 & 7/4)	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	6/13 6/19 6/26 3 4 5 3 4 5 6 4 5 3 4 5 3 4 5 3 4 5	6 7 8 6 7 8	9 10 x \$ \$ 9 10 x \$	30	= = = = =
	1 ( 5 ( ) )		-			SUBTOTAL #2		
Age Ger PAYMEN  CREDIT CARD	last, first, m.i.)  nder Birthdate  T  VISA	School	Grad	e	+ SUBTOTAL	2 (total from above) #1 (previous page) fter May 19th, \$25)  AL CAMP COST		
DEBIT CARD				CHECH	L □ MONE	EY ORDER		
		xpiration Date: CVV#:			_			
	Signature Date							
Бероя		nt \$ A MINIMUM OF \$100  (will be charged upon registration)  50% OF TOTAL (will be charged May 19, 2017)				CAMP COST = \$S DEPOSIT		MUM OF \$100
	+ BALANCE DUE (will be charged June 23, 2017)		23, 2017)	17) –				OF TOTAL ay 19, 2017
Total Amoun	t to be charged =	TOTAL CAMP COST			BALANCE DUE =	•		ay 19, 2017 ine 23, 2017
	ender, or national origin. Eligibili	ds is an equal opportunity organ ty to participate in this program i	s reliant u	d does not o	deny enrollmer tion of a child's	nt or discriminate of ability to function	n the gr	ounds of race,
i	I ON OFFICE USE	ONLI. IN COMPOTER	- SLIV	I I OLLOW	JI LIPAI	D IN I OLL		