



LUNE SPARK CAMP

Consent to Attend Camp with an Underlying Medical Condition

Required if your camper has a chronic or pre-existing condition. Both parent/guardian and healthcare provider must sign.

WHY WE ASK FOR THIS

A child with a chronic health condition can be more at risk in a new environment. Camp days are long — physical activity, art materials, shared spaces, and exposure to other campers all play a part. **This form is your acknowledgement, co-signed with your child's healthcare provider**, that you've discussed the increased risk and are choosing for your child to attend. It is not a release of liability — it's a partnership document. Confidential — held by camp leadership and front desk only.

1. CAMPER INFORMATION

Camper's Full Name

Name Called

Date of Birth

Age

Grade

Center (Apex / Chapel Hill / Holly Springs)

Camp Program / Week (e.g., Bugs — 6/8 to 6/12)

Today's Date

2. UNDERLYING MEDICAL CONDITION

Diagnosed condition

Date of diagnosis

Brief description — current status, severity, anything camp staff should look out for (early warning signs, triggers)

Common conditions that increase risk in a camp environment (check any that apply to your camper):

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma or chronic lung disease | <input type="checkbox"/> Diabetes (Type 1 or 2) | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Seizure disorder / epilepsy | <input type="checkbox"/> Severe allergies (incl. anaphylaxis) | <input type="checkbox"/> Immunocompromised |
| <input type="checkbox"/> Kidney or liver dysfunction | <input type="checkbox"/> Sickle cell or bleeding disorder | <input type="checkbox"/> Other (specify below) |

Other or additional details

3. MEDICATION & EMERGENCY PLAN AT CAMP

- Camper takes medication for this condition — Medication Form also submitted
- No medication required at camp

Action plan summary AND early warning signs Lune Spark staff should watch for (e.g., "flushed cheeks + fast breathing → use rescue inhaler"). If you have a written action plan, bring a copy to front desk on Day 1.

4. HEALTHCARE PROVIDER CONFIRMATION

To be completed by the camper's primary-care physician, pediatrician, or specialist treating the condition. Lune Spark may contact you with questions during camp; please confirm a phone or email below where you can be reached.

Healthcare Provider Name

Specialty

Clinic / Practice Name

Phone

Email

Provider acknowledgement:

I have discussed the camper's condition with the parent/guardian. In my professional judgement, this child can safely participate in a structured day-camp program (8 AM - 4 PM, Monday - Friday) consisting of seated art activities, light-to-moderate physical games, and shared meal/snack times. I have advised the family on the early warning signs camp staff should watch for, and the response steps to take.

Healthcare Provider Signature

Printed Name

Date

5. PARENT / GUARDIAN CONSENT

I have discussed the increased risk of attending camp with the healthcare provider named above. Together, we agree to allow the camper named above to attend Lune Spark Camp despite the known condition. I have shared the early warning signs and action plan with Lune Spark front desk, and I will keep them updated if anything changes. I authorize Lune Spark camp staff to take reasonable steps to support my camper — including calling me, calling the provider above, or calling 911 — if any signs of distress appear during camp hours.

Parent/Guardian Signature

Printed Name

Date