

Bricks Bots & Beakers Medical Form – EMERGENCY CARD

To be completed by parent or guardian. (Physician does not need to sign this form) Must be completed for your child to attend camp.

Child's Name:	Age	Grade in Fall	Gender	Date of Birth
Address	City		State	Zip Code

	Parent 1	Parent 2	Guardian
Name			
Relation			
Primary Phone			
Secondary Phone			
Workplace Name			
Email			
Lives with (yes/no)			
Mail to (yes/no)			

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached in case of an illness or emergency.

	Name	Phone	Relation to Student
Emergency Contact 1			
Emergency Contact 2			

Does your child have Health Insurance, including NJ FamilyCare/Medicaid, Medicare, private insurance or other?

Yes _____ If yes, name of insurance company _____

Family Physician: _____ Office Number: _____

Family Dentist: _____ Office Number: _____

Health Comments: (Allergies, bee stings, medications, surgeries, etc.)

In case of an accident or serious illness, I request Bricks Bots and Beakers to contact me. If Bricks Bots and Beakers is unable to reach me, or the alternative contacts listed above, I hereby authorize Bricks Bots and Beakers to contact the physician indicated above and to follow their instructions. If it is impossible to contact this physician, I give Bricks Bots & Beakers permission to seek emergency transportation for my child and for the physician selected by the Director of the Bricks Bots and Beakers Program to hospitalize and/or otherwise secure proper treatment, including anesthesia and surgery, for the above-named child.

Date _____ Parent or Legal Guardian Signature _____

Please mail or drop off this form to: Bricks Bots & Beakers, 47 E Washington Ave, Washington, NJ 07882

Bricks Bots & Beakers

Personal Information

To be completed by parent or guardian. (Physician does not need to sign this form) Must be completed for your child to attend camp.

Child's Name:	Age	Grade in Fall	Gender	Date of Birth
Primary Parent/Guardian:	Parent/Guardian Phone 1:			
	Parent/Guardian Phone 2:			
Medical & Health History				
Participant is subject to: (Give applicable Dates) If No Problem, write NO or N/A <input type="checkbox"/> Seizures _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Fainting Spells _____ <input type="checkbox"/> Asthma _____ <input type="checkbox"/> Other _____ Explain in detail if checked above: Does your child require the use of an epinephrine auto-injector device? <input type="checkbox"/> Yes <input type="checkbox"/> No	Known Food Allergies:			
	Reaction:			
	Reactions to Insect Bites or Stings:			
	<input type="checkbox"/> Check if never been stung			
Known Medication Allergies:				
Does your child have any special problems or needs that the staff should be aware of?				
Bricks Bots and Beakers staff and volunteers are not certified to administer medication. Children must take their medication at home or be able to self-medicate – the staff is happy to remind attending children when it's time. Medication is not permitted on property without special approval from the Director of Bricks Bots and Beakers. Is your child on medication during the program and are they able to self-medicate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain				
Other				
My above-named child has permission to participate in all activities that are part of this program, including trips to the playground.				
Parent or Legal Guardian's Signature: _____ Date: _____				
Please initial if the camp staff has permission to help your child apply sun block and/or insect repellent provided by you. _____ (INITIALS) This must be initialed for your child to have these products applied while at camp.				

I hereby waive and release all rights and claims for damages against Bricks Bots and Beakers, their employees, and volunteers, for all injuries which may be sustained by the herein named minor or myself while participating in the Summer Program(s). I hereby certify that the information provided herein is complete and correct to the best of my knowledge and that this child is in good health and can participate in the normal activities of the program. I give permission to share my information with the appropriate staff.

Date _____ Parent or Legal Guardian Signature _____

Please mail or drop off this form to: Bricks Bots & Beakers, 47 E Washington Ave, Washington, NJ 07882

Bricks Bots & Beakers
Pick-Up Information

Camper Name(s): _____

Parent/Guardian _____

Pick-Up Information

List all adults, including parents, with permission to pick up your camper.

Include: Name, Phone Number and Relationship to Camper

Person 1: _____

Person 2: _____

Person 3: _____

Person 4: _____

Signature: _____ Date: _____




My Bricks Bots & Beakers Camp Promise!




My Name: _____

I am so excited to be a scientist at camp! To make sure we have the most fun and stay safe while building, coding, and doing experiments, I promise to follow these 4 Golden Rules:

 Rule 1: Keep My Shoes On!


- I will keep my shoes on my feet all day long.
- I know shoes protect my toes from dropped Lego bricks, sharp tools, and stubbed toes!

 Rule 2: Be a Safe Scientist!

- I will wait for the counselor's instructions before touching any science supplies.
- I will wear my safety gear (like goggles) whenever my counselor asks me to.
- I will never taste or eat any camp materials unless a counselor says it is safe.

 Rule 3: Respect My Fellow Scientists!

- I will use kind words when talking to other campers and counselors.
- I will share the bricks, robots, and science tools nicely.
- I will keep my hands and feet to myself.

 Rule 4: Jump In and Discover!

- I am here because I *want* to be at camp, learn cool things, and explore!
- I will actively participate in **every single activity**, including building, coding, and cleaning up my station.
- If a build fails or an experiment goes wrong, I will keep trying and ask for help!
- I will raise my hand to share ideas, ask questions, and help my team when we work together.

 The Official Junior Scientist Sign-Off

I read these rules (or a parent read them to me), and I agree to follow them to keep our lab safe and fun!

Camper Signature: _____

Date: _____

 Parent / Guardian Acknowledgment

I have reviewed these safety and participation rules with my child, and they understand what is expected of them at Bricks Bots & Beakers.

Parent Signature: _____

Date: _____