

Camp MiVoden Youth Camp Health, Emergency Authorization and Activity Release

Camper's Name _____ **Age** _____ **Date of Birth** _____
Legal Guardian's Name _____ **Cell#** _____ **Email** _____
Legal Guardian's Name _____ **Cell#** _____ **Email** _____
Address _____ **City** _____ **State** _____ **Zip** _____

Allergies

- No Allergies
 Medicine: _____
 Environment: _____
 Food: _____
 Other: _____

Diet, Nutrition

- I eat a Vegetarian Diet
 I eat a Vegan Diet
 I have special food needs: _____

Restrictions

- I have reviewed the program and activities of the camp and feel that I can participate without restrictions.
 I have reviewed the program and activities of the camp and feel that I can participate with the following restrictions or adaptations.

Medications

- I will not take any daily medications while attending camp.
 I will take medication(s) while at camp. ****Please Note:** All medications and vitamins must be in original containers and turned into the Camp Medical Staff to secure and dispense. Prescription medication must have campers name and prescribing doctor**

Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please send all medications in their original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

The following non-prescription medications may be stocked in the camp health Center and are used on an as needed basis to manage illness and injury.

Please check the medications that are approved for the Medical Staff to disperse to your child.

Colds/Sore Throat

- Multi-Vitamin Cough Drops
 Vitamin C Sore Throat Spray
 Cough/Cold Medicine

Allergies

- Loratadine (Clartin) Antihistamine
 Benadryl

Constipation

- Natural Bowel Stimulant Milk of Magnesia

Upset Stomach

- Activated Charcoal Pepto Bismal

Headache

- Tylenol Ibuprofen

Sleep

- Melatonin

Eyes

- Soothing Eye Drops

Skin Condition

- Aquaphor (Healing Ointment) Calamine
 Lip Ointment Aloe

Insect Bites

- Hydro-cortisone cream Medcaine Swabs (Bee Stings)
 1%

Head Lice

- Lice Shampoo

General Health History

Has/Does the camper:

- Have recurrent/chronic illnesses Yes No
 Have a recent infectious disease Yes No
 Has a recent injury Yes No
 Had asthma/wheezing/shortness of breath Yes No
 Have diabetes Yes No
 Had seizures Yes No
 Had headaches Yes No
 Wear glasses, contacts or protective eyewear Yes No
 Had fainting or dizziness Yes No
 Passed out/had chest pain during exercise Yes No
 Had mononucleosis ("mono") during the past 12 months Yes No
 If female, have problems with periods/menstruation Yes No
 Have problems with falling asleep/sleepwalking Yes No
 Ever had back/joint problems Yes No
 Have a history of bedwetting Yes No
 Have problems with diarrhea/constipation Yes No
 Have any skin problems Yes No
 Ever been treated for attention deficit disorder (ADD) or Yes No
 attention deficit/hyperactivity disorder (AD/HD)
 Ever been treated for emotional or behavioral difficul- Yes No
 ties or an eating disorder
 During the past 12 months, seen a professional to ad- Yes No
 dress mental/emotional health concerns
 Had significant life event Yes No
 Please Explain "Yes" answers. _____

Name Primary Physician (s) _____
Phone _____

Parental Notification Policy

Since all treatment of campers shall be recorded, a record of all emergency and first aid treatment by Camp MiVoden staff and volunteers shall be filed in the Camp MiVoden health and medical files. After the initial examination, the parent or legal guardian shall be notified if condition warrants it, or if camper is sent to see the Camp Physician or to an emergency department

Activity Disclosure and Release for Participation in Camp MiVoden's Program – Upper Columbia Conference of SDA

Camp MiVoden has done everything reasonable to assure that our camp programs (including, but not excluded to, challenge course, rock climbing, zipline, water activities, and horsemanship) have been made as safe as possible. However, we wish to inform you that camp activities are not without risk. As in any camp activity, such as challenge course, zipline, rock climbing, water activities, or horsemanship, inherent risks exist which may result in serious injury or death. Your camper should only participate after you have read the description of all the activities on the camp website and/or other camp materials. Please note, challenge course, zipline, rock climbing, water activities, and horsemanship are not required activities. Should you not want your camper to participate in any of these specific programs, please list them in writing on a separate sheet of paper and attach it to the application when mailing it in. Phone calls are not acceptable for exclusion. If you have any questions, please call (509) 242-0506.

Emergency Treatment Authorization

In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to hospitalize, to secure proper treatment for, and to order injection, anesthesia, or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this **EMERGENCY TREATMENT AUTHORIZATION** statement and give my full consent to the terms found therein. (This form may be photocopied for use out of camp.)

Contract of Release & Assumption of Risk Agreement

By signing below, I acknowledge that I have read the above two statements and consent to their conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Camp MiVoden, its employees, and the Upper Columbia Conference of SDA, and its parent organizations from liability in case of accident or illness. Camp MiVoden is not responsible for lost or damaged personal items, including cameras and personal recreational equipment, etc. (If personal recreation equipment is brought, it can only be used according to MiVoden procedures and protocol by the owner.) I also agree that photographs and video of the applicant may be used for camp promotional material. I agree to abide by ALL camp regulations and policies and to uphold its objectives.

Parent/Guardian Signature _____ **Date** _____