

## All Saints Summer Camp 2016 Consent Form

Check the appropriate response to the questions below:

Did your child ever have Chicken Pox? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been tested for Tuberculosis? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child suffer from chronic ear infections? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is the child permitted to participate in swim activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child use an inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, fill out Medical Dispensation form)

Does your child require sunscreen or need to stay in shaded areas when outside? Yes \_\_\_\_\_ No \_\_\_\_\_

Should your child's activity be restricted due to any physical difficulty or illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain degree of restriction below:

# Camp Consent Form Cont'd

## We Hereby Consent

1. We consent and authorize the All Saints Summer Camp to provide treatment whether en route, on, or off the Camp grounds for any first aid whether routine or emergency, including, without limitation, injury, illness, choking, etc.
2. We and each of us consent and authorize the Cooper Farm and All Saints Summer Camp Camp lifeguards/ Water Safety instructors to provide treatment, including cardiopulmonary resuscitation (CPR) in the event of a water sports accident or other need.
3. If we parents/guardians cannot be reached in case our child had an emergency or other medical need, we and each of us hereby appoints, authorizes, and constitutes the All Saints Summer Camp Director, Camp Health Officer/ Nurse/ Doctor, or other duly authorized staff member to act in our behalf as parents to authorize and consent to medical treatment for our child/ren named herein:

\_\_\_\_\_ including authorizing surgery. In case of need, we authorize any family or specialist physician, dentist, or other licensed health care professional, and also any licensed health care facility to provide any and all necessary treatment to our child.

The below consent and authorization includes routine, emergency, inpatient, and outpatient care. Any health care professional or health care facility is authorized to accept and rely on the All Saints Summer Camp Staff's representation if we cannot be reached. The original form shall be displayed to a health care provider, but this original shall remain in the custody of the Camp Director.

In addition, I agree that in the case of a health or accident emergency, or any other situation which might arise in route to and from Camp, or while attending Camp, that none of the facilitators, staff or sponsors of the All Saints Summer Camp including but not restricted to The Orthodox Church in America, The Diocese of the South, St. Seraphim Orthodox Cathedral, Holy Nativity of the Lord Mission or its staff, volunteers or representatives will be held liable in any way.

WITNESS: \_\_\_\_\_ Signed \_\_\_\_\_  
Parent/Guardian

WITNESS: \_\_\_\_\_ Signed \_\_\_\_\_  
Parent/Guardian

DATE: \_\_\_\_\_

## Medical Dispensation

We have indicated that our child, \_\_\_\_\_ will be using medication while he/she is attending All Saints Summer Camp.

Please list below in the appropriate columns all Prescription and Over-the-Counter Medication information which the participant may require during the Camp:

Name of Medication	Indications	Dosage	Times/Day: Given By:

*(Please make a checkmark in the appropriate box.)*

I wish the asthma inhaler or epi-pen to be with my Youth Participant at all times.

I wish the asthma inhaler or epi-pen to be kept with the Youth Camp Health Officer/Nurse.

**If a Youth Participant uses an inhaler to treat asthma, or carries an epi-pen:**

Please Note! If this youth participant has your permission to self-medicate with any or all of the above described prescriptions or over the counter medications, or if a parent will be present and wishes to retain this responsibility, please clearly indicate above in the "Given By" Column. Otherwise, all listed medications will be collected at the beginning of the Summer Camp to be safely stored and administered by the Camp's Designated Nursing Staff. All medications need to be brought to the Camp and presented to Staff in original packaging and prescription bottles.

\_\_\_\_\_  
Signature of Parent/s or Legal Guardian/s

# Health and Medical Information

All Saints Summer Camp

Complete one form per child attending:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone/s \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact:

\_\_\_\_\_ Contact Phone: \_\_\_\_\_

## Medical History

Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please write and ALLERGIES your child may have in the appropriate column:

FOOD ALLERGIES	MEDICINAL ALLERGIES	ENVIRONMENTAL ALLERGIES

DOES CHILD REQUIRE ADMINISTRATION OF MEDICATION? Yes \_\_\_\_ No: \_\_\_\_

(If "Yes", fill out the form that says Medical Dispensation)

Please write the LAST IMMUNIZATION DATE from the following conditions:

Tetanus	Mumps	Small Pox	Measles
Rubella	Polio	Whooping Cough	Diphtheria

## **All Saints Summer Camp Packing List**

All pieces of equipment and clothing must be marked with the Camper's name. Bring this list with you to Camp, and be sure to check this list at the end of Camp as well as before to prevent lost items!

### **ALL CAMPERS MUST BRING:**

- \* Bedding - sleeping bags, bed roll, fitted sheet, a pillow with pillow case - all you will need to sleep on a twin (single) bare mattress.
- \* You **MUST** bring your own towels for showering and swimming - two are suggested!
- \* A small bag, backpack or carrying case to bring change of clothing and other items from one activity to the next is strongly suggested.

### **Basic Gear**

- Toothbrush/ Toothpaste, Comb or Brush, Toiletries, such as Soap, Shampoo, Deodorant
- Laundry Bag, Flashlight, Insect Repellent, Sunscreen, Sun cap or hat; Sun glasses
- Medication: Complete instructions must be given to Camp director

### **Clothing**

- Socks: at least one pair per day, Underwear: one pair per day, One pair of jeans
  - 2 Swimsuits and a beach towel/s, Sweatshirt or light jacket, Shorts, Shoes: Swim shoes, sneakers, dress shoes,

### **Church Clothes:**

Male: Dress shirt and nice pants

Female: Dress or skirt and blouse; optional head coverings

### **Optional Items**

- Camera and Film, Bible (try to bring a copy), Small Icon, Reading material, Props and/or musical instruments for talent show

### **Things To Leave At Home!!!**

Tobacco Products, Alcohol and Drugs, Food, TVs, Radios, Cassette or CD Players, Computer Games/ Game boys

***Immodest or Inappropriate Clothing NO BIKINIS! Violators will lose swimming and other privileges!!***

Do NOT Bring Immodest Clothing! No "short shorts," camis or tank tops, shirts that show cleavage, etc.

**Valuables including Jewelry and Large Amounts of Cash**

# Camp Application

Child's Name \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_ M/F: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone/s \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact:

\_\_\_\_\_ Contact Phone: \_\_\_\_\_

Any previous camps or Camps? (When? Where?): \_\_\_\_\_

Enclosed is a payment of \$ \_\_\_\_\_ payable to Holy Nativity and earmarked "Summer Camp"

"Early Bird" Special \$290.00

Per Camper if Paid BEFORE May 15, 2016

"Late Registration: \$325.00 (after May 15, 2016 and before June 10, 2016)

**SPECIAL NOTES:** \* *Registration Cut Off Date, unless special arrangements are made: June 10, 2016.*

\* Each Camper must bring \$10 for food on the way to and from Camp.

In addition to this registration I have completed and I am submitting the following forms:

\_\_\_\_\_ Health and Medical Information and All Registration Forms

\_\_\_\_\_ Camp Policy Agreement Form

## **Transportation information:**

\_\_\_\_\_ Parent or Guardian will be bringing and picking up Camper

\_\_\_\_\_ Parent or Guardian has made arrangements for Camper's transportation.

Time and date: \_\_\_\_\_

Name of person picking up Camper \_\_\_\_\_ Phone \_\_\_\_\_ Cell#: \_\_\_\_\_

## Camper Application Cont'd

The undersigned acknowledges that, during participation at All Saints Summer Camp, at the Camp site of Cooper Farm and at other facilities used for supervised Camp-related activities, certain risks and dangers may occur. These include, but are not limited to, loss or damage to personal property, physical or psychological damages and/or injury, not excluding fatality, due to accidents, which may occur. I also acknowledge that participants may be transported off the Camp for supervised Camp-related activities.

In consideration, and as a part of the right to participate in this All Saints Summer Camp Program, I have and do hereby assume all of the above risks and any other ordinary risk incidental to the nature of these activities which are not specifically foreseeable, and will not hold liable the Orthodox Church in America, the Diocese of the South, All Saints Summer Camp, St. Seraphim Orthodox Cathedral, Holy Nativity of the Lord Mission, or any Camp Staff, Volunteers, Agents or Participants. I agree that any person/s providing service to the Camp, harmless from any and all liability actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, which may arise in connection with any participant's activities and participation in All Saints Summer Camp.

Parent's Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail all registration packets and payment to: Holy Nativity; c/o

Fr. Jason Foster  
588 Oneonta Street  
Shreveport, LA 71106

Any dietary restrictions due to health or liturgical observations? Please specify: