

Emergency Information and Release Form for Youth Attending Camp de Benneville Pines

Name _____ DOB _____ Age at camp _____

Address _____ City/State _____ Zip _____

Custodial Parent _____ Phone #1 _____

Phone #2 _____ Email/SMS _____

Gender: Male ___ Female ___ Gender Neutral ___ Will you be out of town while your child is at camp? YES / NO

Additional Parent/Guardian or Emergency Contact (required) _____

Home Phone _____ Cell Phone _____ Email _____

If not available, Notify: _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

Please initial each Release below and submit to camp as part of the Check-in process

Medical Release

_____(initial) Parent/Guardian Authorizations: The attached health history is correct and complete as far as I know. The camper described has permission to engage in all camp activities except as noted below. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the child named above. This complete form may be photocopied for trips out of camp.

Release of Liability

_____(initial) I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in camp activities. This discharges in advance Camp de Benneville Pines, its employees and other agents from liability even though that liability may arise out of their negligence. I know that being in a forest retreat setting involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns.

Release of Contact Information

_____(initial) I understand my contact information above will be shared with Camp so they can keep me in the loop on what's happening all year long. Camp will not share any information with third-party entities, ever.

Photo Release

_____(initial) I give permission and consent for all persons associated with my registration to allow photographs/video to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Camp de Benneville Pines and its agents to illustrate and promote the camp experience, Camp de Benneville Pines, and its camp programs. Camp will not identify Campers by name without their permission.

Emergency Information

Medical Insurance Company _____ (attach a photocopy of front and back of health insurance card to form)

Policy # _____ Group # _____

Restrictions: Red Meat Pork Dairy Products Poultry Seafood Eggs (circle all that apply) Other _____

Explain any restrictions to activity: what cannot be done, what adaptations or limitations are necessary (use other side for additional information) _____

Known allergies to food, medication and/or anesthetics, environmental factors (use other side for additional information) _____

Describe reaction and usual management of reaction (use other side for additional information) _____

Signature _____ Date _____

Camp Dates

Cabin

Camper Name

Medications being taken

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

Circle one: the camper **takes NO medications** on a routine basis the camper **takes medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications

General Questions (explain "yes" answers below)

Has/does the camper:

- | | |
|--|---|
| 1. Had any recent injury, illness or infectious disease? Y / N | 16. Ever had a back problem? Y / N |
| 2. Have a chronic or recurring illness/condition? Y / N | 17. Ever had problems with joints (e.g. knees, ankles)? Y / N |
| 3. Ever been hospitalized? Y / N | 18. Have an orthotic appliance being brought to camp? Y / N |
| 4. Ever had surgery? Y / N | 19. Have any skin problems (e.g. itching, rash, acne)? Y / N |
| 5. Have frequent headaches? Y / N | 20. Have diabetes? Y / N |
| 6. Ever had a head injury? Y / N | 21. Have asthma? Y / N |
| 7. Ever been knocked unconscious? Y / N | 22. Had mononucleosis in the past 12 months? Y / N |
| 8. Wear glasses, contacts or protective eyewear? Y / N | 23. Had problems with diarrhea/constipation? Y / N |
| 9. Ever had frequent ear infections? Y / N | 24. Have problems with sleepwalking? Y / N |
| 10. Ever passed out during or after exercise? Y / N | 25. If female, have an abnormal menstrual history? Y / N |
| 11. Ever been dizzy during or after exercise? Y / N | 26. Have a history of bed-wetting? Y / N |
| 12. Ever had seizures? Y / N | 27. Ever had an eating disorder? Y / N |
| 13. Ever had chest pain during or after exercise? Y / N | 28. Ever had emotional difficulties for which professional help was sought? Y / N |
| 14. Ever had high blood pressure? Y / N | 29. Waived or missed any scheduled immunizations? Y / N |
| 15. Ever been diagnosed with a heart murmur? Y / N | |

Please explain any "yes" answers, noting the number of the questions: _____

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Use this space to provide any additional information you believe the camp staff should be aware of regarding the campers behavior and physical, emotional, or mental health: _____

Authorization to Treat During Transportation/Carpooling to Camp

Permission Form:

My child/ward has permission to travel to and from Camp de Benneville Pines near Angelus Oaks, California. I understand that the camp is not responsible for the safety of my child until my child has been properly checked in at the time of registration. Furthermore, once my child checks out of camp on the final day, the camp is no longer responsible for the safety of my child. Unless otherwise contacted by me, my child has permission to carpool to and from camp with the following adults (**please include names of all adults permitted to pick your child up from camp, including parents**):

Name _____ Hm Phone _____ Cell Phone _____

Name _____ Hm Phone _____ Cell Phone _____

Name _____ Hm Phone _____ Cell Phone _____

Name _____ Hm Phone _____ Cell Phone _____

Emergency Authorization to Treat:

I hereby give permission to the medical personnel selected by my child/ward's driver to order x-rays, routine tests and treatment for my child/ward; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the driver of my child/ward to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child/ward named above. This form may be photocopied. I recognize that neither de Benneville Pines, Inc., nor the Pacific Southwest District of the Unitarian Universalist Association is responsible for persons car pooling to or from camp.

Signature of parent/guardian _____ Date _____

During the times my child will be transported to and from camp, you should be able to reach me:

To Camp - Phone _____ Alternate Phone _____

From Camp - Phone _____ Alternate Phone _____