

Camp Celebrate

PARTICIPATION/EMERGENCY MEDICAL FORM

St. Mary Parish - Hudson

Circle one: CAMPER COUNSELOR Adult Staff

Participant name _____ Nickname? _____

Circle one: MALE FEMALE Age while at camp: _____ Birth date: ____/____/____

School (Fall 2018) _____ Camper/Counselor Grade (Fall 2018) _____

Home address _____

Home Email _____ Home phone _____

Parent/Guardian Name(s) _____

Parent/Guardian cell phone(s) _____

If Parent/Guardian(s) cannot be reached in case of emergency, please call

Name: _____ relationship _____ Phone _____

2nd Contact:

Name: _____ relationship _____ Phone _____

INSURANCE INFORMATION

Carrier name _____ Group # _____ ID# _____

Phone # _____

Name of insured _____ Relationship to participant _____

PHYSICIAN INFORMATION

Name of primary care physician _____ Phone: _____

Name of dentist _____ Phone: _____

AUTHORIZATION FOR MEDICAL TREATMENT

I, as parent or legal guardian of _____ OR as an emancipated adult do hereby give my consent for St. Mary Parish - Hudson Staff, chaperones, or other adult representative, in the event that all reasonable attempts to contact me/my listed emergency contacts have been unsuccessful, to seek medical attention and treatment deemed necessary by medical personnel. I give my permission to transfer my child/me to the nearest hospital. This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians concur on the necessity for such surgery and are obtained before surgery is performed.

Parent/Guardian or Adult named above: Signature _____ Date _____

HEALTH HISTORY

Allergies

Medication _____

Food _____

Other (e.g. insect stings, hay fever, animal dander)

Medications

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 prescription drugs), the name of the medication, the dosage, and the frequency of administration. Be aware that ALL medications MUST be kept locked in the nurse's station.

This person takes NO medications on a routine basis.

This person takes medications as follows:

MED #1 _____ Dosage _____

Specific time to administer _____

Reason for taking _____

Special instructions _____

MED #2 _____ Dosage _____

Specific time to administer _____

Reason for taking _____

Special instructions _____

MED #3 _____ Dosage _____

Specific time to administer _____

Reason for taking _____

Special instructions _____

(Attach additional pages for more medications)

The following non-prescription medications may be stocked in the camp nursing station and are used on an as-needed basis to manage illness and injury. Cross out those medications that the camper should NOT be given:

Please DO NOT give my camper ANY of the medications below.

Antihistamine/allergy medication (loratadine [claritin], diphenhydramine [benadryl])

Tums

Acetaminophen [tylenol]

Ibuprofen [advil, motrin]

Cough drops

Vaporub

Antibiotic ointment

Hydrocortisone cream

Lanacane cream [for poison ivy]

Aloe ointment

Cough syrup [robitussin]

Decongestant [sudafed]

Poison ivy wash

Explain any restrictions to activity (i.e. what cannot be done, what adaptations or limitations are necessary)

Use the space below to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware. (e.g. susceptibility to heat-related issues such as passing out or bad headaches, frequent nosebleeds, recent family crisis or severe emotional stress)

ST. MARY PARISH - HUDSON EDGE PROGRAM –CAMP CELEBRATE
MINOR PARTICIPANT RELEASE

In exchange for and in consideration of the agreement by St. Mary Parish - Hudson, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, together with their respective clergy, employees, agents, representatives, sponsors, volunteers, contractors and suppliers (collectively, "Church"), to permit _____ (print name of minor child), a minor, to be a volunteer participant in "Camp Celebrate" at Camp Y-Noah (the "Camp") and to participate in campfires, crafts, hiking, archery, BB target-shooting, paintball target-shooting, high- and low-ropes courses, swimming, canoeing, scavenger hunts, outdoor games, obstacle courses, and other activities offered by St. Mary Church (collectively, the "Activities"), and as a condition to such agreement by Church, without which Church would not allow said child to participate in the Activities,

I, the father / mother/ custodial parent / legal guardian (**check as applicable**) of, said child, agree as follows:

- I understand that the Church is acting only as facilitator for the Camp, a charitable endeavor.
- I am solely responsible for the transportation of said child in connection with his or her participation in the Camp, the Activities, and all related activities, including transportation to and from the Camp.
- I recognize the possibility of injury to said child associated with said child's participation in the Camp, and I assume all risks in connection with such participation and with the Activities and all related activities.
- I release, discharge, hold harmless and indemnify Church from and against all claims, liability, damages, loss, cost, expense, actions, proceedings, and injuries to persons and damage to property (of any nature and to any extent) which in any way arise out of or relate to the Activities and said child's attendance and/or participation in the Camp and related activities, whether foreseen or unforeseen.
- I acknowledge that Church does not carry liability, property damage or medical insurance that is applicable to the Activities and related activities, and that it is my sole responsibility to provide adequate insurance for myself and said child and with respect to any motor vehicle that I own that is used in connection with the Camp and related activities, as well as to pay for any medical expenses arising out of or necessitated by said child's attendance and/or participation in the Camp or otherwise in connection with the Activities and related activities. I further acknowledge and agree, with regard to any motor vehicle driven by me as a volunteer that in the event of an accident, there is no coverage afforded to me or said child by Church for physical damage sustained to any vehicle involved or liability incurred by me while operating such vehicle.
- I covenant and agree to look solely to insurance carried by the undersigned for satisfaction of all claims of any nature arising out of or related to the Activities and/or said child's attendance and/or participation in the Camp and related activities.
- I covenant and agree not to sue or otherwise seek to hold Church liable or in any way responsible for any personal or bodily injury, property damage, or loss of property from fire, casualty, theft or otherwise arising out of and/or related to the Activities and/or said child's attendance and/or participation in the Camp and related activities.

By signing below I covenant, warrant and acknowledge that I have read and understand the foregoing, that I understand what is involved in the Camp and related activities, and that I have had an opportunity to speak with a Church representative regarding the Camp, the Activities, and all related activities.

(Signature of parent or guardian)

Date: _____

Print Name: _____

St. Mary Parish - Hudson

PHOTO RELEASE

I/We, the parent(s) of _____, give my/our permission to St. Mary Parish – Hudson, Ohio to publish my/our child’s photo only (no name) in publications/media forms listed below exclusively for the purpose of St. Mary Parish - Hudson and its parishioners.

DVD for things such as Welcoming, Parish History, etc.
Parish Bulletin and/or Parish Bulletin Cover
Parish Web site, Parish Information Booklet, Hudson Hub
Catholic Universe Bulletin, Parish Brochures to advertise programming
Edge and Camp Celebrate Instagram and Twitter

Parent/Guardian or above-named Adult Signature _____ Date _____

CAMPER STATEMENT OF RESPONSIBILITY

I promise to enter into camp life with enthusiasm, trying to give my best self in the spirit of Christian community. I promise to obey camp rules and cooperate with the Camp Celebrate staff for the interest and safety of all. I understand and accept the “3-strike” policy wherein after 2 strikes for discipline issues, the director and I sit down and call my parents. After 3 strikes, I will be required to leave camp. I also understand that in the case of severe breaking of rules, some actions may fall under a “zero-tolerance” policy and I may be asked to leave camp immediately.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

COUNSELOR STATEMENT OF RESPONSIBILITY

I intend to be an upstanding Christian role model for my campers. I will take my position seriously and responsibly, conducting myself in a mature manner appropriate for individuals younger than me, participating fully in all camper activities, fulfilling my required schedule assignments, making all campers feel welcome and special, and following all rules of both Camp Y-Noah and St. Mary. These rules will include appropriate dress (no “spaghetti strap” tops for girls, no sagging shorts or “short” shorts, one-piece bathing suits or a tankini whose top reaches the bottoms, etc.), curfew, assigned cabin duty and meal duty, no overnight gatherings, etc. I understand that the sole purpose of this camp experience is to bring the teachings of Christ to 6th-8th grade young people who look to me for guidance and as examples. I am willing to devote my week to the ministry of bringing these individuals closer to God in every way possible. I understand that in the case of severe breaking of rules, some actions may fall under a “zero-tolerance” policy and I may be asked to leave camp immediately.

Counselor Signature _____ Date _____

Parent/Guardian Signature _____ Date _____