

Maine District NYI
Waivers

FIELD TRIP RELEASE

I hereby certify that I am the parent/legal guardian of this camper, and that I have the authority to make decisions concerning his/her participation in camp activities. I hereby give permission for my child to be escorted away from the central program area of Maine District NYI Teen Camp (hereafter, "Camp") to other locations, either on or off the campgrounds, as part of the regular Camp activities, if such activity is directly related to the camping program.

PHOTO RELEASE

I hereby certify that I am the parent/legal guardian of this camper, and that I have the authority to make decisions concerning his/her participation in camp activities. I hereby grant permission to the Maine District Church of the Nazarene, and Camp in particular, to photograph, tape, film, or make an audio recording of my child's participation in the Camp Program. I grant the Maine District Church of the Nazarene, and Camp in particular, an irrevocable license to reproduce, copy, display, perform, or otherwise use these materials. I understand that these materials may be used for the purpose of public information and/or education and may appear in newspapers, magazines, exhibits, television, Maine District/General Church of the Nazarene publications, and/or the Maine District Church of the Nazarene website. I agree that my child may be identified as a participant in the event being recorded. I release the Maine District Church of the Nazarene, and Camp in particular; its employees, directors, and agents from any liability connected with the publication, reproduction, release, or other use of these materials, and agree not to bring any claims against them growing out of such publication, release, reproduction, or other use of these materials.

GENERAL WAIVER

My signature on this waiver indicates that I give my child permission to participate in all of the activities at Camp, and that I release the MAINE DISTRICT CHURCH OF THE NAZARENE (including its Boards, Councils, Auxiliaries, Officers, and Representatives), and Camp (including all staff, paid or unpaid) in particular, from liability related to their participation in such activities. I understand that all campers must have their own medical coverage. No insurance is provided. My signature indicates that I will be responsible for all costs related to the medical care of my child.

By submitting this form, I indicate agreement with the above releases & waiver.

Parent/Guardian Signature:

Parent/Guardian Printed Name:

Date:

Personal Health & Medical Record

If your child has had a medical evaluation (**physical examination**) within the last 24 months, a copy of the results of this examination must be attached to the application. If a copy is not available, a physical examination (using the Medical Evaluation section of this form) must be performed by a licensed* healthcare practitioner prior to arrival at camp. **If your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has**

had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury in the last 18 months, the medical evaluation (physical examination) must have been conducted within the last 12 months.

***Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for Camp purposes when such practitioners may perform physical examinations within their legally prescribed scope of practice.**

Please note: If any child shows up for camp without proper medical paperwork, he/she will not be allowed to check-in. In such a case, all registration fees will be forfeited.

PERSONAL HEALTH AND MEDICAL HISTORY

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in Teen Camp programs, subject to limitations noted herein.

I certify that I am the parent/legal guardian of the camper. In case of emergency, I understand every effort will be made to contact me (or, my spouse or next of kin, if participant is an adult,). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult). I will be responsible for any and all costs of medical attention and treatment.

Signature of parent/guardian or adult _____ Date _____

Check all items that apply, **past or present**, to student's health history. Explain "Yes" answers.

ALLERGIES: Food, medicines, insects, plants ___ Yes ___ No ___

Explain type of reaction: _____

Does your child have an Epi-pen? _____

GENERAL INFORMATION:

	Yes	No	Yes	No	Yes	No		
**Asthma	___	___	Diabetes	___	___	High blood pressure	___	___
Cancer/leukemia	___	___	Heart trouble	___	___	Kidney disease	___	___
Convulsions/seizures	___	___	Hemophilia	___	___	ADHD	___	___

**Does your child use a "rescue" inhaler? _____

**Should he/she carry it with them at all times or can it be kept with the nurse? _____

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at camp:

List any medications to be taken at camp:

_____ dose _____ frequency _____

_____ dose _____ frequency _____

_____ dose _____ frequency _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, playing sports, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____

Pertussis _____ Rubella _____

My child may be given the following medicine at the discretion of the nurse if the situation warrants. (If not indicated, you will be called prior to your child receiving any over-the-counter medications.) The nurse will have these available. If your child takes these medications regularly, please bring your child's own medicine.

Acetaminophen (Tylenol) _____ Yes _____ No

Ibuprofen (Advil) _____ Yes _____ No

Dyphenhydramine (Benadryl) _____ Yes _____ No

Dextromethorphan (cough suppressant) _____ Yes _____ No

Bismuth Subsalicylate (Pepto-Bismol) _____ Yes _____ No

MEDICAL EVALUATION

Camper's Name:

_____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS*: The person being evaluated will be attending one week of camp that may include sleeping on the ground and participating in strenuous activities, such as vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner*)

Height _____ Weight _____ BP _____ / _____ Pulse _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check box:	N	Abn	N	Abn	N	Abn
Growth development	__	__	Teeth	__	__	Genitalia
Cardiopulmonary system	__	__	Skin	__	__	Musculoskeletal
HEENT	__	__	Hernia	__	__	Neurobehavioral

Explain: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Signature _____ Date _____

Licensed health-care practitioner*

Address _____ Phone _____

City, State, Zip _____

*** Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for Camp purposes when such practitioners may perform physical examinations within their legally prescribed scope of practice.**