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# GOP355

### CAMP COPASS, INC.

8200 E. McKinney Street, Denton, TX 76208 940-565-0050 (phone) 940-382-9984(fax) www.campcopass.com T-Shirt Sizes (circle size)

Youth S M L XL

Adult S M L XL XXL XXXL

# CAMPER AND COUNSELOR REGISTRATION & HEALTH FORM

Name:	Date of Camp:			Sex: (M/F)				
irth Date: Age: Grade Completed by End of School Year 2018								
Street Address:		City	State	Zip				
Name of Church Camper is attending Camp w	vith	Ci	ity					
Parent/Legal Guardian:		Relation	nship					
Phone Number: Daytime	Evening	Ce	ell					
Parent/Legal Guardian Email:								
Emergency Contact Information Other Than F	Parent/Legal Guardian	:						
Name	Cell		_Relationship					

### PARENT/LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

### 1. ACKNOWLEDGMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Camp Copass agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the event at Camp Copass.

## 2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITIES

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

# 3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my family/personal health and accident insurance will be the primary coverage.

### 4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless Camp Copass, Inc., and its board members, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Camp Copass.

### 5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstance require. I further authorize Camp Copass health staff to render first-aid and to oversee the administration of medications as prescribed along with the dosage details by parent or guardian on the *Dosage & Frequency Chart*.

# 6. NON PRESCRIPTION MEDICATIONS

I give my permission to the camp's First Aid Station supervisor, or First Aid Station staff, to administer non-prescription, over-the-counter medications to my child based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or Ibuprofen for mild fever or pain; Benadryl or Claritin for allergy symptoms; Pepto-Bismol for diarrhea; cortisone cream for bug bites; calamine lotion for poison ivy; swim ear drops for swimmer's ear, etc.

## 7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused by my child.

# 8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

# 9. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Camp Copass.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

Camper's Name	Church	
INSURANCE INFORMATION (You may attacl	h a copy of your insurance card)	
Insured's Member's Name	Member ID	- 2M
Health Insurance Provider	Group ID	Volle
Health Insurance Provider Phone Number(s)		Conce
Primary Care Physician's Name	Phone	-0692
	dditional copies of information if necessary) e relevant to an attending physician in the case of an emerge	ency:
List any chronic or recurring illnesses or dise	ases:	
List any food, medication, or other significan	at allergies:	
List any pre-existing injuries which occurred	before coming to camp:	
Date of last tetanus shot:	Please attach a copy of the camper's current sho	ot records.

### **CAMPER MEDICAL POLICY AND INSTRUCTIONS**

- 1. All medications must be properly labeled and kept in original containers. Check expiration dates. No expired medications will be given.
- 2. All prescription and non-prescription medications must be turned in to camp First Aid Station personnel upon arrival at Camp Copass.
- 3. All medications must be stored and dispensed from area designated for such purposes (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with the Texas Department of State Health Services regulations.
- 4. Diabetics must bring a copy of their Diabetes Management Plan.
- 5. Non-prescription medications such as vitamin supplements or pain relievers will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
- 6. EpiPens or emergency inhalers may be kept with the camper. First Aid Station personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not relieved after using an inhaler, camper is to be brought to the First Aid Station for evaluation.
- 7. List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the Medication Dosage and Frequency Chart.

# **MEDICATION DOSAGE & FREQUENCY CHART**

Place all medications and a copy of this page in a heavy-duty, quart sized zip-lock bag. Print the camper's name and name of church on the outside of the zip-lock bag with a permanent black marker. If necessary, make additional copies of the chart.

MEDICATION	DOSAGE/TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY