CAMP COPASS, INC.

COP355

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www.campcopass.com

CAMPER AND COUNSELOR REGISTRATION & HEALTH FORM

Name:	Date of Camp:			Sex: (M/F)		
Birth Date: Age:	Grade Completed by End of School Year					
Street Address:	City		_State	Zip		
Name of Church Camper is attending with	-	City				
Parent/Legal Guardian:		_ Relationship _				
Phone Number: Daytime	_ Evening	Cell				
Parent/Legal Guardian Email:						
Emergency Contact Information Other Than Pa	rent/Legal Guardian:					
Name	Cell	Relat	ionship			

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 and/or the Renting Organization's 1st Aid Personnel 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 and/or the Renting Organization's 1st Aid Personnel 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.

7.2	INSURANCE AND HEALTH/MEDICATION INFORMATION PAGE	
Camper's Name	Church	
NSURANCE INFORMATION	N (You may attach a copy of your insurance card)	
nsured's Member's Name	Member ID	eam.
lealth Insurance Provider_	Group ID	Would
lealth Insurance Provider P	Phone Number(s)	Conce
rimary Care Physician's Na	amePhone	-abso.
	sues that would be relevant to an attending physician in the case of an emergency: g illnesses or diseases:	-
ist any food, medication, o	or other significant allergies:	
ist any pre-existing injuries	s which occurred before coming to camp:	
Pate of last tetanus shot	t: Please attach a copy of the camper's current shot records.	
	CAMPER MEDICAL POLICY AND INSTRUCTIONS	
	be properly labeled and kept in original containers. Check expiration dates. No expired medication-prescription medications must be turned in to the Renting Organization's 1st Aid Personnel under the content of the Renting Organization and the Rent	
	be stored, locked, and dispensed from area designated for such purposes (except EpiPens or of the locked) and dispensed from area designated for such purposes (except EpiPens or of the locked).	

- Campers are not allowed to keep or self-administer any medication in accordance with the Texas Department of State Health Services regulations.
- 4. 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.
- 5. EpiPens or emergency inhalers may be kept with the camper. First Aid 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.
- 6. 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
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