

## **2019 PARENT/GUARDIAN CONTACT INFO**

Camper Name \_\_\_\_\_

Those listed on this form should be parents or guardians who can make parental decisions for the camper. The primary Parent/Guardian will be the first person we contact for all matters regarding the camper. If we are unable to contact the primary parent/guardian, we will try the secondary contacts. If none of the parent/guardians listed can be contacted, we will then reach out to the alternate/emergency contact (indicated on later form).

It is vital that you contact us if there are any changes regarding the custody or decision-making authority for your camper. Please contact us immediately if you need/wish to make any changes.

### **Primary Parent/Guardian**

Relationship to camper: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Home/Cell/Work/Other \_\_\_\_\_ Home/Cell/Work/Other \_\_\_\_\_ Home/Cell/Work/Other  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_

Email \_\_\_\_\_

### **Secondary Parent/Guardian**

Relationship to Camper: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Home/Cell/Work/Other \_\_\_\_\_ Home/Cell/Work/Other \_\_\_\_\_ Home/Cell/Work/Other  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_

Email \_\_\_\_\_

### **Secondary Parent/Guardian**

Relationship to Camper: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Home/Cell/Work/Other \_\_\_\_\_ Home/Cell/Work/Other \_\_\_\_\_ Home/Cell/Work/Other  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_

Email \_\_\_\_\_

I understand those listed above are the only individuals that can provide information about and make changes to my camper's information, and these individuals will not be changed unless someone listed above directs us to do so. Please note that anyone listed here can make changes to your campers account and information.

I have had adequate time to review this form and have provided accurate information to the best of my knowledge and ability.

Primary Parent Name \_\_\_\_\_

Primary Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **2019 CAMPER INFORMATION FORM**

Camper First Name

Camper Last Name

Camper Birthdate

### **ALTERNATE(emergency) CONTACT – This should NOT be a parent/legal guardian**

In the case of emergency, we will attempt to contact parents/legal guardians in the camper's file, first. If we are unable to reach the Parents/Legal Guardians listed, the person listed here will be contacted. Please be sure to let this person know you have listed them as your camper's Alternate Contact.

Name

Relationship to Camper

Home Phone

Work Phone

Cell Phone

Email

### **PICK UP AUTHORIZATION**

Campers will only be released to Parents/Legal Guardians listed in the camper's file and those individuals listed below.

**\*Please note\*** Individuals listed here have your permission to have contact with and/or pick up your child. If you need to make a change or add additional people, please contact the camp director at 269-521-3559. **Anyone picking up children from 4-H Camp Kidwell will need to provide a picture ID for camper(s) to be released. Please share this information with anyone who might be picking your children up.**

Name

Phone #

Name

Phone #

Name

Phone #

Name

Phone #

Name

Phone #

Name

Phone #

### **NO CONTACT LIST**

Are there any individuals who should NOT have contact with your child? \_\_\_\_ Yes \_\_\_\_ No

Please list any such individuals below.

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

### **INSURANCE/MEDICAID INFORMATION**

Is this child covered by family or personal medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No

Who is the policy holder of the insurance coverage? \_\_\_\_ Self (camper) \_\_\_\_ Parent \_\_\_\_ Other

Policy Holder Name \_\_\_\_\_

Insurance Company Name and Phone \_\_\_\_\_

All policy numbers (please identify) \_\_\_\_\_

**\*IMPORTANT\*** Please provide a copy of the camper's insurance card. This can be returned with your registration form. You can also email ([campkidwell@btc-bci.com](mailto:campkidwell@btc-bci.com)) or fax (866-324-2797) them to us. Please use the subject "Camper Immunization Record" in the subject line. Please be sure to have this turned in prior to arriving at camp, campers cannot participate without having this document on file.

### **FAMILY PHYSICIAN INFORMATION**

Family Physician's Name

Phone

## **2019 CAMPER HEALTH FORM**

Camper First Name

Camper Last Name

Camper Birthdate

Your camper's health and safety are our #1 priority. To be sure we can provide them with the safest experience we need to have all their health information. Please be sure to complete this form as thoroughly as possible and do not leave out any details.

### **HEALTH HISTORY**

Please indicate if your child has ever experienced any of these conditions.

1. Bedwetting	Yes	No	12. History of Headaches	Yes	No
2. Trouble falling asleep or sleepwalking	Yes	No	13. Wear glasses, contacts, or protective eyewear	Yes	No
3. Sensitivity to Insects	Yes	No	14. Eczema/skin conditions	Yes	No
4. Been hospitalized	Yes	No	15. Heart conditions/chest pain/passed out	Yes	No
5. Had surgery	Yes	No	16. Diarrhea/constipation/passing urine	Yes	No
6. Have recurrent/chronic illnesses	Yes	No	17. Fainting/dizziness spells	Yes	No
7. Had a recent infectious disease	Yes	No	18. Speech disorders/conditions	Yes	No
8. Had a recent injury	Yes	No	19. Dental conditions	Yes	No
9. Asthma/wheezing/shortness of breath	Yes	No	20. Back/joint problems	Yes	No
10. Diabetes	Yes	No	21. Been told about/experienced menstruation	Yes	No N/A
11. Seizures	Yes	No			

Please explain any "Yes" answers from above. Please be sure to be detailed and provide all pertinent information.

### **ALLERGIES** \_\_\_\_ Yes \_\_\_\_ No

Does your camper experience any allergies? \_\_\_\_ N/A \_\_\_\_ Medicine \_\_\_\_ Food \_\_\_\_ Insects \_\_\_\_ Hay Fever \_\_\_\_ Other

Please explain all allergies, reactions and what should be done if exposed.

### **DIETARY NEEDS**

Does your camper have any special dietary needs? \_\_\_\_ Yes \_\_\_\_ No

Please explain any dietary needs your camper has.

### **RESTRICTIONS/LIMITATIONS**

Does your child have any limitations/restrictions that may affect their ability to participate in activities and programs at 4-H Camp Kidwell?

\_\_\_\_ Yes \_\_\_\_ No Please explain any restrictions/limitations your camper might have.

### **ADDITIONAL INFORMATION**

What have we forgotten to ask? Please provide any additional information about your child's health you feel important or may affect the child's ability to fully participate in the camp program. Attach additional information if needed.

---

**SOCIAL, EMOTIONAL AND MENTAL HEALTH**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has your camper ever been treated for ADD or ADHD?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your camper ever been treated for emotional or behavioral difficulties or an eating disorder?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. In the past 12 months, has your camper seen a professional to address mental/emotional health concerns?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has your camper had a significant life event that continues to affect the camper's life?<br>(IE - history of abuse, adoption, foster care, new sibling, survived a disaster, family death, other) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does your child experience any other social, emotional or mental health concerns?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain in the space below. Please indicate the question number(s) you are referring to.

---

**IMMUNIZATIONS**

Are this camper's immunization up to date? ☐ Yes ☐ No (If no, you will need to complete an Immunization waiver)

What is the date of this camper's last tetanus shot? \_\_\_\_\_  
Month Year

**\*IMPORTANT\*** Please provide a copy of the child's immunizations records. This can be returned with your registration form. You can also email ([campkidwell@btc-bci.com](mailto:campkidwell@btc-bci.com)) or fax (866-324-2797) them to us with the heading of camper's name and immunization record. Please be sure to have this turned in prior to arriving at camp, campers cannot participate without having this document on file.

---

**PARENT OR GUARDIAN AGREEMENT**

By signing below, I acknowledge the following. I have had adequate time to review, compile information and complete this form. I have completed it accurately to the best of my knowledge. I understand if this form is not completed accurately and completely I may be putting my camper and other campers in danger.

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

The contents of this health form will only be viewed by appropriate members of the 4-H Camp Kidwell Staff. All personal information is held in strict confidentiality.

## **2019 CAMPER HEALTHCARE STATEMENT**

Camper First Name	Camper Last Name	Camper Birthdate
<ol style="list-style-type: none"><li>1. I give permission for my child to attend 4-H Camp Kidwell and participate in activities such as, but not limited to, swimming, horseback riding, running, climbing, hiking, archery, ropes courses, sledding, and other camp-based activities that, by nature are physically and emotionally demanding.</li><li>2. I understand that participating in camp activities may involve risk, both known and unknown.</li><li>3. I acknowledge that my child is in good health, and I assume the health responsibility for my child during their time at 4-H Camp Kidwell with the understanding that I will be notified immediately in the case of an emergency involving my child. I also acknowledge that a representative from 4-H Camp Kidwell will contact me if my child is withheld from activities for more than half of a day for any reason.</li><li>4. If the person named herein is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, provide information to the camp representatives to keep me informed of my child's health situation.</li><li>5. I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.</li><li>6. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.</li><li>7. If there is a religious objection to consenting to receipt of emergency medical or surgical treatment, I (or authorized person) should submit a written statement to the effect that I am in good health and that the person signing assumes the health responsibilities for the camper</li><li>8. I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my insurance policy that occurs as a result of my child's participation in the camping program.</li><li>9. I will not hold 4-H Camp Kidwell, Allegan County 4-H Clubs, and their respective agents, officers, board members, representatives, employees, and volunteers responsible for injuries occurring to my child while at camp due to his or her participation in activities relating to the operation of the camping program.</li></ol>		

### **Parent/Guardian Agreement**

By signing this document, I acknowledge the following. I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I have carefully read and agree to each section of this document and agree to be bound by its terms.

\_\_\_\_\_  
Parent/Legal Guardian printed name

\_\_\_\_\_  
Parent/Legal Guardian signature

\_\_\_\_\_  
Date

## **2019 CAMPER MEDICATION INFORMATION FORM**

Camper First Name

Camper Last Name

Camper Birthdate

"Medication" is any substance an individual takes to maintain and/or improve their health. This includes prescription drugs, over the counter medications, vitamins, supplements, natural remedies and other substances. Please review the policies below and let us know how we should handle any possible medications for your child. If you have questions or need more information, please contact KJ Kelly at 269-521-3559 or [campkidwell@btc-bci.com](mailto:campkidwell@btc-bci.com).

### **CAMP PROVIDED MEDICATION**

4-H Camp Kidwell has a variety of medications on hand to be administered as needed when the need arises. These medications are only administered as needed to manage illness or injury. Medications are only administered as the manufacturer labels indicates. When medications are administered the purpose/reason, treatment, dosage, date/time and who administered are recorded and kept on file.

4-H Camp Kidwell works with an on-call doctor to maintain standing orders of treatment. As situations arise, the standing orders are referenced and treatment is administered as indicated. If situations arise that are not covered in standing order, or need more advanced treatment than our on hand staff can provide we contact the appropriate officials to get our children the proper treatment.

Some medications we may have on hand include ibuprofen, Tylenol, aspirin, allergy medication (Sudafed, Benadryl, etc) cough syrup, cough drops, throat spray, Pepto-Bismol, anti-diarrheal, anti-nausea, as well as others.

### **Over the Counter Medication Administration Acknowledgement**

Is it okay to give your child over the counter medications if a need arises? ☐ Yes ☐ No

Should we contact you before administering over the counter medications? ☐ Yes ☐ No

Are there any specific directions you have when administering over the counter medications to your child? ☐ Yes ☐ No

Please list directions below.

Are there any medications your child should not receive? ☐ Yes ☐ No

Please list these medications below.

### **PARENT PROVIDED MEDICATIONS**

- If your child needs to take medications while they are with us, please indicate these medications below.
- At check-in, these medications will be reviewed and turned into our Camp Health Officer, who is then responsible for administering them throughout the campers stay with us.
- Any medications (prescription or over the counter) provided by parents/guardians which are to be administered by 4-H Camp Kidwell Staff must be in the original container with labels indicating the camper's name and how the medication is to be given.
- Medications provided by parent/guardians **cannot** be sent in a presorted, med container. (pre-packaged meds from a pharmacy are okay, even encouraged)
- Please be sure to send enough medication for the entire time the camper will be at camp. If we come up short, you will be expected to get us the appropriate amount to make it through the camper's stay.

Please indicate **ANY** medications (prescription or over the counter) and vitamins that your camper is currently taking.

<u>Medication</u>	<u>Dosage</u>	<u>Time Given</u>	<u>Details</u>
1.			
2.			
3.			
4.			
5.			

If you have additional medications, please use a separate sheet of paper and list them as in the chart above

### **PARENT OR GUARDIAN AGREEMENT**

By signing below, I acknowledge the following. I have had adequate time to review, compile information and complete this form. I have completed it accurately to the best of my knowledge. I understand if this form is not completed accurately and completely I may be putting my camper and other campers in danger.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date

## **2019 CAMPER RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

Camper First Name

Camper Last Name

Camper Birthdate

In consideration of participating in camp activities at 4-H Camp Kidwell such as, but not limited to, horseback riding, team building, challenge course/climbing structures, adventure based activities, swimming, archery, games, boating, sledding/winter sports and other activities and for the good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Allegan County 4-H Clubs, DBA 4-H Camp Kidwell, and its owner, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, spouse, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in Camp Activities at 4-H Camp Kidwell, such as but not limited to horseback riding, team building, challenge course/climbing structures, adventure based activities, swimming, games, boating, and other activities may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, swinging, increased heart or breath rates and/or physical contact with others and involves known and unanticipated risks which could result in physical and emotional injury, drowning, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to bumps, bruises, scrapes, broken bones, paralysis, death, loss of and or damage to personal property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify a 4-H Camp Kidwell employee if I have safety concerns. 4-H Camp Kidwell practices the "Choose Your Challenge" philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.
3. I understand that 4-H Camp Kidwell staff has the right to deny my participation and that it is my responsibility as a Participant to follow the instructions, guidelines, and procedures established by the Facilitator(s). If, at any time, I do not understand or have not heard specific instructions given by staff member(s), I realize that it is my responsibility to ask for clarification and/or assistance before any participation.
4. I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be under the influence of any substance when participating in the challenge course program. I realize participating in Challenge Course/Climbing Structure/Adventure Bases Activities while under the influence of a substance would endanger others and myself.
5. I am aware that I may be photographed and/or videotaped during my participation and authorize such photographs and/or videotapes to be used by 4-H Camp Kidwell in training and/or promotional materials at any point in the future. I understand that I will not receive compensation for the use of such photographs and/or videotapes.
6. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
7. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
8. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the cost of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the cost of – all risks that may be related, directly or indirectly, by any such condition.
9. In the event I file lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree the substantive law of that state shall apply.
10. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

### **PARENT/GUARDIAN AGREEMENT**

By signing this document, I agree that if I or herein identified minor are injured or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim of negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that cost of engaging in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and agree to be bound by its terms.

I agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of herein identified minor or are in any way connected with such participation by minor.

Parent/Legal Guardian Signature

Print Name

Date

Address

City

State

Zip

Telephone

Email

### **PARTICIPANT AGREEMENT**

Participant Signature (camper must review and sign)

Printed Name