ADULLAM CAMPS

Camper Name_____

Mailing Address _____ Postal Code _____

Email Address _____

- ☐ I consent to the use of photos/videos of my camper for Adullam Camps & partners for publication & promotional purposes. (If yes, please check box)
- ☐ I consent to being contacted by email to receive further camp information and receipts. (If yes, please check box)

IN CASE OF ILLNESS OR ACCIDENT, PLEASE CONTACT

Name _____ Phone _____

Relationship _____ Alt. Phone _____

Name _____ Phone _____

Relationship _____ Alt. Phone _____

Health Card Number _____ H.C. Version Code _____

Birthdate: _____ _____ _____   YYYY MM DD

Gender M / F

Date of Last Tetanus Booster _____ _____ _____   DD MM YYYY

Doctor's Name _____ Phone Number _____

By signing this form, the parent/guardian issues to the director and staff of Adullam Camp ministries consent to the following:

1. In the event of an emergency, every effort will be made to contact me. However, if I cannot be reached, I authorize the director or staff to refer my child to medical authorities on my behalf and authorize the medical authorities to provide diagnosis and treatment.
2. I authorize the director or designated first aid staff to administer medications I have sent for the camper during his/her stay.
3. I have read and agree to Adullam Camps Code of Conduct found at adullam.ca/code-of-conduct

Signature of Parent / Guardian: _____ Date: _____ _____ _____

I understand that I am expected to participate in the camp program as presented by the director and staff and promise to abide by the camp rules.

Signature of Camper: _____ Date: _____ _____ _____

Please Complete the next page to inform us of your child's <u>allergies</u> and <u>medications</u> required while at camp

MEDICATIONS REQUIRED AT CAMP

All medications must be in the original container with instructions and name clearly indicated.

Please fill out the below table with your child's medications. Please include the times that the medication needs to be administered.

PRN = As Needed
HS = Bedtime

EXAMPLE:

Medication	Dates & Signatures of Who Administered Medication (To be filled out by camp nurse)							
1. Advil **200 mg/tablet** **PRN**								
2. Gravol **15 mg/tablet** **Notes:** *Please have my child have her Gravol with a nighttime snack*								

Medication	Dates & Signatures of Who Administered Medication (To be filled out by camp nurse)							
1. Notes:								
2. Notes:								
3. Notes:								
4. Notes:								
5. Notes:								

Allergies:

_____
_____
_____
_____
_____