

N-Sid-Sen & Pilgrim Firs • SUPPLEMENTAL HEALTH and PERMISSION FORM

N-Sid-Sen and Pilgrim Firs are ministries of the Pacific Northwest Conference of the United Church of Christ

PERMISSION & AUTHORIZATIONS – Signatures Required

NAME of Event			Date of Participation:		
Name of Participant			Circle Age Group:		
Last	First	MI	0-17	18-20	21+

EMERGENCY CONTACTS – please print:

Name of Emergency Contact

Emergency Phone Number

#1

#2

ALLERGIES: List all known – bee sting, animals, dust, food, medicine, asthma, etc. Describe reaction and management of the reaction.

MEDICAL CONDITIONS: Describe any medical conditions that might be affected by camp activities, for example – any muscle or skeletal issues.

IMMUNIZATIONS: Date of Last Tetanus immunization _____
Is the participant fully immunized? _____

PERMISSION FOR PARTICIPATION IN CAMP ACTIVITIES:

There are challenges inherent with participation in any camp activity, including but not limited to boating - self-propelled and motor, crafts, games, hiking, nature activities, outdoor cooking, swimming, team building, tubing, water-skiing and work projects. I understand that these challenges, which contribute to the unique character and desirability of the activities involved, pose the possibility of severe injury, illness or death. I further understand that many of these activities take place in an outdoor environment. For this and other reasons, I understand the challenges often cannot be eliminated, altered, or controlled. I give permission for the person named above to participate in all camp activities, including but not limited to those described above. I acknowledge and assume the risks involved in these activities, and for any damage, illness, injury, or death resulting from such risks, for myself and my child.

There are no physical, emotional or mental problems or limitations associated with my child's or my participation in camp activities, except as disclosed by me to the camp in writing below. I have read and understand the above, and agree to the terms of this waiver.

ACTIVITY RESTRICTIONS: _____

Signature of Adult Participant / Leader
OR Custodian Parent / Guardian: _____ Date _____

PERMISSION FOR PARTICIPATION in a River Float/Rafting Day Trip (Jr High & Sr High Camps):

I give permission for the participant named above to participate in a float/rafting day trip. I understand that transportation will be provided by the camp and the guide company. I also understand that each participant who engages in a river float-rafting day trip expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting participation in such activities.

Signature of Adult Participant / Leader
OR Custodian Parent / Guardian: _____ Date _____

N-Sid-Sen 36395 S Hwy 97 Harrison, ID 83833	208.689.3489 director@n-sid-sen.org www.n-sid-sen.org	Pilgrim Firs 3318 Lake Flora Road Port Orchard, WA 98367	360.876.2031 mark@pilgrim-firs.org www.pilgrim-firs.org
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PHOTO RELEASE:

N-Sid-Sen, Pilgrim Firs and the PNC-UCC utilize brochures, newsletters, media productions such PowerPoint presentations, videos, social media and our web page to interpret and promote our ministry and programs. Recognizing the value of these interpretive materials, I hereby grant N-Sid-Sen, Pilgrim Firs, the Pacific Northwest Conference of the United Church of Christ, and their designated agents, permission to use visual and audio images of the named participant for interpretive or promotional efforts.

Signature of Adult Participant / Leader

OR Custodian Parent / Guardian:

Date

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS & TREATMENTS

The non-prescription, OTC (over-the-counter) medications and treatments listed below may be stocked in the camp Health Center and used as needed to manage illness and injury. Generic forms of these are often used.

Please indicate below your preference for the administration of the following items.

Check YES or NO:

All of the items on the list may be give: Yes No

NONE of the items on the list may be given: Yes No

If some items may be given, INITIAL the individual items below that MAY be given.

_____ Acetaminophen (Tylenol)

_____ Ibuprofen (Advil, Motrin)

_____ Aspirin

_____ Naproxen / Naproxen Sodium (Aleve)

_____ Antihistamine / Allergy medication

_____ Cetirizine (Zyrtec) 10 mg

_____ Diphenhydramine (Benadryl)

_____ Loratadine (Claritin) 10 mg

_____ Cough drops – generic

_____ Guaifenesin cough syrup (Robitussin)

_____ Antacid tabs – Calcium carbonate (Tums) 750 mg

_____ Laxatives for constipation – Magnesium 500 mg (Phillips)

_____ Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

_____ Aloe

_____ Calamine lotion

_____ Insect repellent

_____ Swim-EAR

_____ Antibiotic cream

_____ Hydrocortisone

_____ Sun screen

AUTHORIZATION FOR HEALTH CARE

The health information listed is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all camp activities expect as noted by me and/or the examining physician.

I give permission to the health care provider(s) authorized by Pacific Northwest Conference of the United Church of Christ to provide first aid and routine health care to my child to the level of their training and authority during the event. This includes, but is not limited to, distribution of regular medications (as supplied by parent/guardian/adult participant) and OTC medications (as provided by me or camp and authorized by you). I give permission for the camp to transport or secure transportation to a medical facility for my child if needed.

I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of the participant for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child.

I understand the information on this form will be shared on a “need to know” basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s leaders about my child’s health status.

I hereby release the Pacific Northwest Conference of the United Church of Christ, its employees and agents from any and all claims for damages. No promises have been made to me in exchange of my signature on this release. I understand my participation is voluntary. I have read this release form and fully understand the meaning of it.

Signature of Adult Participant / Leader

OR Custodian Parent / Guardian:

Date

Relationship to Participant