

Camper's Medical History

Please make sure that all of the lines are filled out prior to sending it in to your church. We will not register your camper if anything is missing. (If something is not applicable then please put N/A.)

Camper's Full Name: _____

List Medications Camper will require while at camp and reason for taking the medicine: _____

All prescription medications, over-the-counter medications, vitamins, and herbal products that **are provided to First Aid/Nurse to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English.** Our staff cannot administer prescription medications without the written permission of parents, guardians or physician. Please indicate name of medication, dosage, frequency, the time given including any other information necessary. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.

Please list any allergies to foods or medications _____

If an EpiPen is necessary, please send one with your camper

Please list any medical conditions or medical history. For example:

Diabetes, heart problems, seizures, recent surgery or medical procedures, tubes in the ears, bedwetting, physical disability, or any other health related information that may be important for the First Aid staff to be aware of.

*If your camper has a history of asthma, please send an inhaler or other asthma medication that may be needed.

Date of last Tetanus shot _____

Are all immunizations up to date? Y/N

Name of Health / Accident Insurance Coverage

Carrier _____ Group Policy # _____ Expiration Date _____

Name of responsible Party or self if over 18 years of age _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Relationship to camper _____

Name of Family Physician: _____ Phone (____) _____

By signing this form I give my informed consent to the First Aid personnel assigned by Church of God Youth Camps, who are certified in a minimum of CPR and First Aid to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over the counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize COG Youth Camps to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by the Camp Director to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for my child as named above. Although Church of God Youth Camps protects all personal health information to the best of their ability, I understand that in the normal course of operations some of my child's PHI may be viewed by those who COG Youth Camps deems necessary for the performance of providing emergency health care.

I authorize the use of the following generic, over the counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, glucose, electrolyte replacement fluids, analgesic balms and gels. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

I / We the undersigned parent / legal guardians, for ourselves and for our minor child have reviewed the information about the camp activities and events and give permission for the subject of this release to be involved in the overall activities. I / We acknowledge that the ropes/challenge course, climbing wall, camp/sport activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release, discharge, indemnify and hold harmless: The International Church of God (Anderson, Indiana), Church of God Association of Northern California, Diamond Arrow Christian Conference Center, its owners, board of directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in COG Youth Camps and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature (Parent/Guardian)

Date

_____ Please print name (Parent/Guardian)

Conduct while at Camp

1. Be where you are supposed to be when you are supposed to be there.
 - All meals, meetings and activities are mandatory.
 - Stay in the camp boundaries at all times.
2. Respect other people and their belongings.
 - No Fighting or foul language.
 - No Stealing.
 - No raiding of any kind. (e.g.: damaging, rearranging or playing with other's belongings)
3. No illegal stuff.
 - All articles that campers are informed of on this flyer NOT to bring to camp (drugs, alcohol, etc.) must be turned in to the Director if such items are brought on to camp property.
4. No guys in or around the girl's cabins – No girls in or around the guy's cabins.
5. You break it you bought it!!!
 - All damages to camp property must be paid for prior to leaving camp.
 - A fine of \$500 will be imposed for graffiti.
6. No PDA – Public Display of Affection
7. No immodest clothing. Modesty is the key (4B's: no boobs, bellies, buns or boxers should be showing).
9. All Medications need to be turned in upon arrival.
10. No electronics other than cameras or personal care items.

If any of these rules are broken an immediate dismissal from camp will be issued. Parents and/or churches are responsible for picking up campers who are sent home.

What To Bring & What Not To Bring

Things To Bring:

- your Bible
- pillow & sleeping bag
- spending money for snacks, t-shirts, souvenirs, etc. if you want
- towel for showering
- jacket
- Warm Clothes (no really, it gets very cold!!!)
- flashlight
- personal articles/ toiletries

All articles brought to camp should be labeled.

Diamond Arrow and Church of God Association is not responsible for lost or stolen items.

Things NOT to bring:

- a bad attitude
- electronic equipment such as iPods, CD Players, Gameboys, mp3 & mp4 players, cell phones etc.
- lighters & matches
- fireworks
- alcohol
- tobacco products – Diamond Arrow is a **Non-Smoking Camp**
- **NO PAINTBALL GUNS AT WINTER CAMP!**
- firearms, knives, Air-Soft Guns, Wrist-Rockets (Slingshots)

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