

Acknowledgement of Risk and Medical Release

updated 5.15.20

***Bring this form with each child to the bus or drop-off, they will NOT be allowed to attend camp without it!**

Child name _____ Date _____

Does your child have any known health conditions? (please list)

Does your child have Covid-19? Yes no

Are they currently experiencing any symptoms such as fever, headache, sore throat or cough? Yes no

Has your child been exposed to anyone diagnosed with Covid-19 in the last 2 weeks (that you know of)? Yes no

If you answered yes to any of these questions, it would be best if your child didn't attend camp this summer.

Is your child bringing any medications to camp with them?

| Name of med | dosage | frequency |
|-------------|--------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Does your child have any allergies to food, environment or medications?

As a **Parent/ guardian** I give permission for over the counter medications to be administered to my child according to the label directions: Ibuprofen, acetometaphin, antacid tablets, pepto-bismal, Benadryl, hydrocortisone 1%, Neosporin ointment, throat lozenges. (Cross out any you wish to eliminate from the list)

Signature: _____

As a **parent /guardian** I understand the inherent risks associated with over-night, stay-away camp. I acknowledge that there could be minor injury when children play, even while supervised. I acknowledge that there is a possibility that my child could have contact with other children that might be ill, though a-symptomatic. I agree to hold harmless Camp Pinewood, IRBBC and the association of churches affiliated with Camp Pinewood should my child return from camp with minor injury or illness. Parents will be notified if children are ill, incur injury or if a cabin-mate becomes ill. Camp Pinewood will provide health personnel to assess and treat for minor issues, Camp will use St. Luke's ED in McCall for serious injury or illness.

I understand the risks and I give permission to transport my child to the Emergency Department, and for St Luke's Hospital to treat my child, should they require advanced medical attention.

Signature: _____

As a **parent /guardian** I agree to allow my child to be photographed and videoed for Camp purposes including print promotion, social media posts on Camp Pinewood Idaho page and the website camppinewood.org. All photos will be screened and deemed appropriate before use by camp leadership staff. (chose one option below)

Signature: Yes, you may use my child's photo _____

OR

Signature: No, **DO NOT** use my child's photo _____

As a **Camper** I understand that there are rules at camp, that I will be asked to follow my counselor's directions and that I am responsible for my own actions and to make the best choices that I am able to do in order for me and my fellow campers to have fun. I understand that if I am not able to comply with the rules that my parents/guardians will be called and I may be sent home. Parents will be required to drive to McCall and pick up their child or make arrangements to have them picked up.

Camper Signature: _____

Parent/guardian Signature: _____