



Camp SoundWaters 2010

About Our Forms



Please Read Carefully

SoundWaters is a State of Connecticut licensed camp. These forms are required by the State of Connecticut for each child to be able to participate in camp. All forms listed below must be completed and returned to SoundWaters by **June 1, 2010**. Your child will not be allowed to attend the first day of camp if these forms are not in the Camp Office prior to the beginning of Camp.

Form Checklist:

Health Form – Grants permission from your child's doctor to participate in camp and camp activities and confirms your child is up to date on all required immunizations. Your child's doctor must sign and stamp the form. *If you have attended our camp in the past you may use the same physical form for up to three years. But, please keep a copy of it in your own records as we do not keep these files from year to year.*

Authorization for Administration of Medication (If needed) - Grants permission to the camp staff to administer medication to your child. The Authorization form also provides valuable information about the proper procedure to administer the medicine. This form needs to be filled out for each individual medication (prescription and over the counter) and signed by the Prescriber (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse) and the Parent or Guardian.

Permission Slip – Includes information about emergency contacts and authorized pick ups for your child. Includes a photo waiver for your child.

Grants permission for the following:

- Allows your child to participate in all Camp Activities,
- Grants for attending medical personnel to administer medical care as needed.

Release Waiver - Safety is our number one priority at Camp SoundWaters. The Release and Assumption of Risk waiver acknowledges that you understand all the risks associated with normal activities at Camp SoundWaters.

All forms must be submitted no later than **June 1, 2010**. We strongly advise you make an appointment with your doctor, if needed, as soon as possible. We also advise that you make a complete copy of all paperwork that you submit.

Please contact Camp SoundWaters if you have questions about the forms.



**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination



- Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number



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Authorization for the Administration of Medication



In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? YES NO

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Name of Camp _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink) _____

A separate form is required for each medication



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Permission Slip



Child's Name _____ Age _____ Date of Birth _____

Session # _____ Program Sea Stars Bluefish Opti Sailing Pixel Sailing Schooner Adventure

Child's Address _____

City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-Mail _____ E-Mail _____

Emergency Contacts and/or Authorized Pick Ups:

Name: _____ Relationship to Child: _____

Authorized pick up? YES NO Phone #: _____ Cell Phone #: _____

Name: _____ Relationship to Child: _____

Authorized pick up? YES NO Phone #: _____ Cell Phone #: _____

CONDITIONS

1. I understand that in case of emergency, if, after reasonable effort, I or other parties on the contact list are unable to be reached by phone, this document authorizes any attending medical personnel to administer medical care as needed. Every effort will be made to contact the parent prior to treatment.
2. I understand that the activities I am giving permission for include walking, hiking, swimming, sailing, canoeing, field trips and overnights to designated areas, activities aboard the Schooner *SoundWaters* and other educational activities that will occur in the SoundWaters Center, Cove Island Park, Brewer Yacht Haven West Marina and on field trip sites.
3. I understand that my child must be dropped off and picked up at the designated time and in the designated area stated by SoundWaters. I further understand that failure to pick up my child or ward on time will result in my being charged a late fee of \$25.00 for each occurrence.
4. I understand that in the event of inclement weather Camp SoundWaters activities may be changed.
5. I understand that part of the camp experience involves activities and interactions that may be new to my child. New experiences come with uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp rules. My child and I both agree that he or she will obey the rules of Camp SoundWaters.
6. I understand that Camp SoundWaters has the right to dismiss my child if Camp SoundWaters believes his/her actions or attitude are detrimental to the best interest of the camp or campers and under these circumstances no refund will be given.
7. I understand that SoundWaters takes photographs of campers' activities to promote educational efforts in publications and for program funders. Please check one of the following:

- I give my permission for SoundWaters to take photos of my child or ward.
- I **do not** give my permission for SoundWaters to take photos of my child or ward.

As parent or guardian of the enrolled camper listed on this permission form, I understand and agree to all conditions.

Signature: _____ **Date:** _____



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Assumption of Risk



This Assumption of Risk applies to my minor child or ward, _____'s, use of SoundWaters facilities, ground, vessels and other equipment and to his/her participation in any and all SoundWaters' programs (collectively, "SoundWaters").

I understand that SoundWaters has made, and can make, no representations, warranties or promises respecting the condition of the vessel SoundWaters or the other SoundWaters facilities that might be used by my child during the course of the Camp SoundWaters experience.

I also understand that during my child's attendance at Camp SoundWaters supervision will be provided by personnel trained only in basic first aid procedures; which is classified as American Red Cross Standard First Aid and CPR/AED for the Professional Rescuer. Should my child require emergency medical procedures of a more serious or comprehensive nature, I understand that such procedures will not be provided by SoundWaters personnel but referral to local emergency service providers;

I also understand that I bear responsibility for my child's conduct while at Camp SoundWaters and so I agree that in consideration for my child's participation in Camp SoundWaters I agree to indemnify, defend and hold SoundWaters, its employees, officers, directors, agents and assigns harmless from and against all liability, damages, costs and expenses, including legal fees and court costs, that might result from either my child's or my own misconduct.

Finally, I understand and concur that this agreement will be interpreted according to the laws of the State of Connecticut and that any disputes between myself and SoundWaters will be heard in the courts of the State of Connecticut. If any portion of this agreement is determined by a court to be null and void, the remaining portions of this agreement shall nevertheless remain valid and binding upon both parties.

I have carefully read this agreement, have been given an opportunity to ask any questions that I might have about it, fully understand its contents, and acknowledge that I sign it of my own free will.

Signature

Print Name

Date