

Parent or Legal Guardian:

NAME _____

ADDRESS _____

HOME PHONE _____

EMERGENCY PHONE _____

CELLULAR PHONE# _____

CONSENT FOR PARTICIPATION

My child has my permission to participate in St. Tikhon's Orthodox Youth Camp. I am aware that participating in any physical activity can be dangerous and may even lead to serious injury. Because of possible dangers while participating in any activity, I recognize the importance of following the directions of the Director and all camp staff workers and counselors. I also acknowledge that I am aware that St. Tikhon's Orthodox Youth Camp carries no medical insurance on participants and that any injury incurred must be covered by my personal medical insurance policy.

HOLD HARMLESS/RELEASE

During participation in St. Tikhon's Orthodox Youth Camp, I recognize that certain risks and dangers exist. These include loss or damage to personal property, injury or fatality due to accident, illness, or collision with a vehicle while going to and from any activity site. I understand that St. Tikhon's shall assume no responsibility or liability for accidents, illness or loss or damage of personal property, and I acknowledge and do hereby assume all risks in connection with this activity. I hereby hold St. Tikhon's and/or its agents harmless from any and all liability, action, claims, and damage of every kind and nature whatsoever, associated with my participation in St. Tikhon's Orthodox Youth Camp.

Signature of Participant

Date

Signature of
Custodial Parent/Legal Guardian

CHILD MEDICAL INFORMATION FORM for SAINT TIKHON'S SUMMER CAMP to be Completed by Parent or Guardian

EMERGENCY AND INSURANCE INFORMATION

Saint Tikhon's Summer Camp staff can easily reach me or my emergency contact using the information below:

CHILD'S FULL NAME:	
DATE OF BIRTH:	PARENT/GUARDIAN:
ADDRESS:	HOME PHONE:
	WORK PHONE:
EMERGENCY CONTACT:	RELATIONSHIP:
ADDRESS:	HOME PHONE:
	WORK PHONE:
PRIMARY PHYSICIAN'S NAME:	PHONE:
ADDRESS:	INSURANCE CARRIER:
	GROUP/POLICY #

MEDICINE DISPENSATION FORM

My child takes the following medications. (Attach additional sheet if necessary.) Dispense as noted below:

MEDICATION	DOSAGE/TIME	REASON	SELF-DISPENSE? (Yes/No)

OVER-THE-COUNTER MEDICINES

Below, I **have circled** the common over-the-counter medicines which my child **is permitted to take** as needed, as dispensed under the direction of the Nurse/Camp Director according to the age/weight of the child and the bottle directions:

- | | |
|---------------|--------------------|
| Acetaminophen | Nasal Decongestant |
| Ibuprofen | Antihistamine |
| Antacid | Immodium |

SIGNATURES

X _____
Parent's/Guardian's Signature

X _____
Camper's Signature

_____/_____/_____

CHILD MEDICAL RELEASE for SAINT TIKHON'S SUMMER CAMP to be Completed by Parent or Guardian

RELEASE AND AUTHORIZATION FOR TREATMENT

Please read, locate a witness, sign, and deliver with your registration forms and monies.

I/We Hereby Consent and authorize the Camp Director/Nurse to provide treatment, whether on or off of Camp Property for any first aid, whether routine or emergency, including but not limited to injury, illness, or choking. I/We consent and authorize the Camp Director/Nurse or other duly certified adult to provide treatment including cardiopulmonary resuscitation (CPR) in the event of a water sport accident or other need. If I/We parent(s)/guardians cannot be reached in case my/our child has an emergency or other medical need, I/We hereby appoints, authorizes and constitutes the Camp Director/Nurse or other duly authorized staff member to act in our behalf as parents to authorize and consent to medical treatment for my/our child as named including authorizing surgery. In case of need, I/We authorize any family or specialist physician, dentist, or other licensed health care professional and also any licensed health care facility to provide any and all necessary treatment to my/our child. The below consent and authorization includes any routine, emergency, inpatient and outpatient care. Any health care professional or health care facility is authorized to accept and rely on the Camp Staff's representation in the event that I/We cannot be reached. The original of this form shall be displayed to the health care provider and copied for or by the health care provider, but this original shall remain in the custody of the Camp Director/Nurse.

SIGNATURES

X _____ / /
Parent's/Guardian's Signature Date

X _____ / /
Parent's/Guardian's Signature Date

X _____ / /
Witness's Signature Date

CHILD HEALTH ASSESSMENT for SAINT TIKHON'S SUMMER CAMP to be Completed by Family Physician

CHILD'S FULL NAME:		
DATE OF BIRTH:	PARENT/GUARDIAN:	
ADDRESS:	HOME PHONE:	
	WORK PHONE:	
Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE		
Allergies to food, medicine, or environment (describe if any): <input type="checkbox"/> NONE		
Is there any evidence of infectious disease? <input type="checkbox"/> NONE		
All current medications and required dosages (please attach additional sheets if necessary): <input type="checkbox"/> NONE		
Restrictions, health problems or special needs, recommended treatment/special care to be taken in active camp life: <input type="checkbox"/> NONE		
Date of most recent Tetanus Booster:	Date of most recent well-child exam:	
HEIGHT	WEIGHT	BLOOD PRESSURE
PHYSICAL EXAMINATION	X=NORMAL	IF ABNORMAL, COMMENTS
HEAD/EARS/EYES/NOSE/THROAT		
TEETH		
CARDIORESPIRATORY		
ABDOMEN/GI		
GENITALIA/BREASTS		
EXTREMITIES/JOINTS/BACK/CHEST		
SKIN/LYMPH NODES		
NEUROLOGIC & DEVELOPMENTAL		
MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN OR CPNP:	
ADDRESS:		
	PHONE:	DATE:

CAMPER BEHAVIOR CONTRACT for SAINT TIKHON'S SUMMER CAMP to be Completed by Camper

CAMPER'S AGREEMENT

As an applicant to Saint Tikhon's Summer Camp, I, _____, agree to the following concerning participation at the camp or at any other location visited as part of the camp program:

1. I agree to bring only those items approved by the camp directors, and to leave home those things which are neither appropriate nor allowed by the camp. This includes radios, tape, CD, or MP3 players, computer games, DVD players and laptops, and other luxuries.
2. I agree to refrain from smoking, drinking alcohol, taking drugs other than medicines approved or specified by the Camp Director/Nurse, or partaking of any other prohibited substance.
3. I agree to respect the authority of the camp staff, following their directions and accepting their decisions. This includes instructions for "lights out," as well as to cease any other activities for whatever reasons given.
4. I agree to attend all camp church services as designated by the camp directors, to arrive on time, to behave appropriately, and to remain there until dismissed.

5. I agree to respect the needs and feelings of others, to show kindness to all that I come into contact with, and to help out whenever I can.

6. I agree to refrain from any and all unchaste language, gesturing, and behaviors. This includes using profanity, engaging in or seeking to engage in sexual behavior, dressing or behaving immodestly, or in general, willfully giving into or leading others into temptation.

7. I agree to refrain from any and all violence, including physically or verbally abusing my fellow campers, bullying, fighting, and in general losing my temper. I also agree to leave at home any items which are weapons or weapon-like.

8. I agree to respond to all harsh words, threats, taunts, insults, and attacks without returning like for like, "eye for an eye," but to seek a peaceful resolution to the problem, including but not limited to seeking the help of camp staff or simply walking away from the situation.

9. I agree to respect the views, opinions, beliefs, religious or otherwise, of my fellow campers, even if I do not agree with them.

10. I agree to pursue the fun and enjoyment of this camp experience whole-heartedly!

Having read and understood the above agreement, and having agreed to follow these policies during my participation at Saint Tikhon's Summer Camp, I also understand that should I fail to comply with these policies, the consequences may include, but are not limited to, being prohibited from participating in some or all activities, being sent home, being prohibited from returning to this camp program, or having less of a good time as I (and everyone else) should.

SIGNATURES

X _____ / /
Camper's Signature Date

X _____ / /
Parent's/Guardian's Signature Date