



Camp Session: _____ Program: _____

Camper Medical and Consent Forms

Dear Parent/Guardian,

The information on this form is not part of the camper, staff, or volunteer acceptance process, but is gathered to assist us in identifying appropriate care. It is essential that we have the most up to date medical and emergency information requested below. Our goal is that every participant experience a safe and healthy time at Pyoca Camp, Conference, and Retreat Center. This form must be completed by a parent or guardian of minors or by adults themselves. Although the information may seem redundant to the registration process it is essential a new copy of this form is filled out each year so we have the most up to date information. Forms can be mailed to Pyoca 886 E. County Rd. 100 S. Brownstown, IN 47220, emailed to program@pyoca.org in PDF format, or turned in during camper check-in. Thank you.

General Information

Participant's Name:

Last	First	Middle
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Address:

Street	City	State	Zip
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Participant's Date of Birth: ____/____/____

1. **Custodial** Parent/Guardian Name:

Phone: _____ Alternate Phone: _____

Address (if different from above) _____

Email: _____

2. Parent/Guardian Name:

Phone: _____ Alternate Phone: _____

Address (if different from above) _____

Email: _____

Emergency Contact Name (Cannot be one of the two persons listed above):

Phone: _____ Alternate Phone: _____

Relationship: _____

Insurance Information

By filling out the information below I/we certify that my/our child is covered under an Affordable Care Act compliant plan.

If so, indicate carrier of plan name _____

Policy # _____ Group # _____

Please Attach a Copy (front and back) of the Participant's Insurance Card

Health History

The following information must be filled in by a parent/guardian, adult camper, or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of this form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival to camp. Provide complete information so that the camp can be aware of all health needs.

1. Has the participant received all immunizations required for school entrance? ____ Yes ____ No

Please Attach a Copy of the Participant's Immunization Record

2. ALLERGIES: list all known Food, Medications and Other allergies (i.e. bee stings)

Allergy	Reaction	Treatment	Comments

3. Medication Consent

Parent's or Guardian's Authorization for PRN (As needed) Medication Administration

I give permission for Pyoca Camp Conference and Retreat Center first aid staff or volunteer nurse to administer the following checked PRN (as needed) medications to my child as necessary. If a symptom is recurring or a question exists about medication, I understand I will be contacted by phone to clarify the issue. All non-prescription medication label directions will be followed.

First aider staff or volunteer nurse may administer the following medications to my child for the presented related symptoms:

- Acetaminophen – fever, headache, pain
- Ibuprofen – fever, headache, pain
- Benadryl – poison ivy, bug bites
- Calamine Lotion – poison ivy, bug bites
- Benadryl Cream – poison ivy, bug bites, rashes
- Hydrocortisone Cream – poison ivy, bug bites, rashes
- Tums (Calcium Carbonate) – upset stomach, heartburn
- Pepto Bismol (Bismuth Subsalicylate) – upset stomach, diarrhea
- Aloe – sunburn
- Cough Drops – cough or sore throat
- Sore Throat Spray (Phenol 1.4%) – sore throat

Signature of Parent or Guardian

Date

Parent's or Guardian's Authorization for Scheduled Medication Administration

My/our child will be taking schedule medication during the camp week. I/we request that the medication described below be administered to my child at the times specified during the camp week. I will give the camp registered nurse, trained first aider, or volunteer nurse/physician the medication in its **original container and/or current prescription bottle**. I will provide enough medication to last the entire week of camp.

Name of Medication	Amount (# of tablets, capsules or liquid)	Days to be Given please circle	Time to be Given please circle	PRN Only Max. Does in 24 hr.	How it is Given	Reason	Refrigeration
1.		S M TU W TH F	B L D HS PRN				Y/N
2.		S M TU W TH F	B L D HS PRN				Y/N
3.		S M TU W TH F	B L D HS PRN				Y/N
4.		S M TU W TH F	B L D HS PRN				Y/N
5.		S M TU W TH F	B L D HS PRN				Y/N
6.		S M TU W TH F	B L D HS PRN				Y/N
7.		S M TU W TH F	B L D HS PRN				Y/N
8.		S M TU W TH F	B L D HS PRN				Y/N

B=Breakfast L=Lunch D= Dinner HS=Bedtime PRN=As Needed

I/we understand that this medication will be administered to my child by the registered nurse, trained first aider, or volunteer nurse/physician and will be kept secure in a cabinet or refrigerator.

Signature of Parent or Guardian

Date

Please identify any medications taken during the school year that participant does/may not take during the summer:

4. Dietary Restrictions

- No Dietary Restrictions
- Does not eat red meat
- Does not eat poultry
- Does not eat pork
- Does not eat seafood
- Does not eat eggs
- Does not eat dairy products
- Does not eat gluten
- Other _____

5. Activity Restrictions

- I have reviewed the program and activities of Pyoca Camp Conference and Retreat Center and feel that my child can participate without restrictions
- I have reviewed the program and activities of Pyoca Camp Conference and Retreat Center and feel that my child can participate with the following restrictions or adaptations:

6. General Health Questions: (Please explain any "Yes" answers)

Has/does the participant:

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. Had any recent injury, illness or infectious disease? Y N 2. Have a chronic or recurring illness/condition? Y N 3. Ever been hospitalized? Y N 4. Ever had surgery? Y N 5. Have frequent headaches? Y N 6. Ever had a head injury? Y N 7. Ever been knocked unconscious? Y N 8. Wear glasses, contacts or protective eye wear? Y N 9. Ever had frequent ear infections? Y N 10. Ever passed out during or after exercise? Y N 11. Ever been dizzy during or after exercise? Y N 12. Ever had seizures? Y N 13. Ever had chest pain during or after exercise? Y N 14. Ever had high blood pressure? Y N 15. Ever been diagnosed with a heart murmur? Y N | <ul style="list-style-type: none"> 16. Ever had back problems? Y N 17. Ever had problems with joints (e.g., knees, ankles)? Y N 18. Have an orthodontic appliance being brought to camp? Y N 19. Have any skin problems (e.g., itching, rash, acne)? Y N 20. Have diabetes? Y N 21. Have asthma? Y N 22. Had mononucleosis in the past 12 months? Y N 23. Had problems with diarrhea/constipation? Y N 24. Have problems with sleepwalking? Y N 25. If female, have an abnormal menstrual history? Y N 26. Have a history of bed-wetting? Y N 27. Ever had an eating disorder? Y N 28. Ever had emotional difficulties for which professional help was sought? Y N |
|--|---|

Please explain any "Yes" answers noting the number of the questions. (Example: 1. Chicken pox, 8. Wears glasses)

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware:

Name of family physician: _____ Phone: _____
 Address: _____
 Name of family dentist/orthodontist: _____ Phone: _____
 Address: _____

Pyoca no longer requires a doctor's signature on camper health forms unless your child meets any of the following criteria.

- Child will be taking prescription medications while at camp.
- Child has undergone surgery three months or less prior to camp session.
- Child has a chronic health concern or any activity restrictions.

Pyoca still requires that a new health form be on file each summer for every camper. However if your child does not meet any of the above criteria the following boxed in section can be omitted. Forms can be mailed to Pyoca or turned in during camper check-in.

Healthcare Recommendations by a Licensed Medical Professional

I examined this individual on ____/____/____

BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

Recommendations and Restrictions at Camp:

Treatment to be continued at camp:

Medications to be administered at camp (name, dosage, frequency):

Any medically-prescribed meal plan or dietary restrictions:

Known allergies:

Description of any limitation or restriction on camp activities:

Additional information for health care staff at the camp:

Signature of Licensed Medical Personnel: _____ Date _____

Printed: _____

Phone: _____

Agreement, Authorization, and Release
PARENTS / GUARDIANS - PLEASE READ CAREFULLY, SIGN AND RETURN

Liability and Obligation Policies

I/we, the parent(s) or guardian(s) of (Child's Name) _____
(the child) release and hold harmless Pyoca Camp, Conference, & Retreat Center, the Presbytery of Whitewater Valley Inc., and the Presbytery of Ohio Valley, and the Synod of Lincoln Trails, their agents, owners, officers, employees, volunteers, participants, and all other persons or entities acting on their behalf (hereinafter collectively referred to as Pyoca) of any and all liability for accidents or injuries sustained while in the care of the aforementioned organizations. I/we give my/our consent for my/our child to be transported onsite, and to and from any scheduled offsite programs. I/we are aware that a deposit is required prior to the chosen camp session in order to reserve a place for my/our child. I/we agree to pay the balance owed the first day of the camp session. I/we agree that Pyoca may reproduce any photographs, slides, and videos taken of my/our child for publicity purposes. I/we understand that Pyoca will not be responsible for any personal property brought to camp by campers.

Assumption of Risk

I acknowledge that injuries may occur while my child is participating in activities at Pyoca. I understand that the possibility of injury cannot be totally eliminated without jeopardizing the essential qualities of Pyoca's camp experience. Injuries may occur during Pyoca camp activities. By signing below, I confirm that my/our child is in good health and is physically able to participate in regular camp activities. I understand that if my child has any health issues or concerns, it is my duty to inform Pyoca in writing of said issues or concerns.

Child Pick---Up Authorization Policies

I/we agree that my/our child will be released from the Pyoca Summer Program ONLY to the persons I/we have authorized in writing. If someone other than the parent(s) / guardian(s) or persons listed below are to assume custody of my/our child, Pyoca staff must be notified in writing, 24 hours prior to release. PICTURE ID IS REQUIRED FOR ALL CHILD PICK-UPS.

The policy of Pyoca states: "It is the responsibility of the parent to notify the camp of any change in guardianship of the child. Dual guardianship is assumed. The child will be released to either parent unless Pyoca is notified in writing supported by necessary documentation of change in guardianship."

In addition to the parent(s) / guardian(s), campers may be picked up by: _____

SERIOUS MISBEHAVIORS

These include, but are not limited to, fights with intent to do bodily harm, hitting with an object or fists, threatening or harassing other campers, bullying, continual use of profanity or obscene language, inappropriate sexual activities, carrying a weapon, possession of cigarettes, possession of alcohol or drugs, or rejection of authority. These actions are considered harmful to other campers Pyoca staff and volunteers and will not be tolerated. The parents of the child will be notified by the Executive Director or Assistant Director via telephone and asked to pick up the child as soon as possible. If this occurs, all monies are non-refundable.

Non - Discrimination Policies

Pyoca prohibits discrimination in its programs on the basis of race, color, national origin, sex, age, disability, political beliefs, gender preference, sexual orientation, marital status, or financial status.

Health Release Policies

To the best of my/our knowledge the information provided on my/our child's health from is complete and accurate. I/we give permission to Pyoca and its trained staff to administer care for the treatment of minor injuries and illness within the limits of the staff members training and Pyoca's Medical Protocols. In the event my/our child needs emergency medical care, an attempt will be made to contact me/us. In the event that I/we cannot be reached, my/our authorized signature(s) below allows Pyoca, to act in loco parentis securing prompt medical treatment. I/we give permission for my/our child to be transported by Pyoca Staff or Ambulance service to a local physician's office, urgent care facility, emergency room, or hospital. I/We know that every reasonable and customary precaution will be taken to assure safety. Prior to the performance of any major surgery, except in the case of a clear emergency with life threatening potential for failure to act with dispatch, the medical opinions of two other licensed physicians who are experienced with the conditions diagnosed shall be first sought and they shall concur in the procedures proposed. I/we give permission for my/our child to be transported by Pyoca Staff or Ambulance service to a local physician's office, urgent care facility, emergency room, or hospital.

Electronics Policies

I/we understand that Electronics, including but not limited to CD players, radios, mobile phones, pagers, and other electronics, are prohibited at Pyoca. I/we understand that Pyoca will confiscate any of the above items from my/our child for the remainder of the my/our child's camp session.

I/we have read and understood these policies and procedures, and by signing below so hereby acknowledge my/our agreement and compliance to the aforementioned.

Parent/Guardian Signature: _____ Date: _____

Printed: _____

Camper Covenant

Dear Camper and Parent,

Please read the following items concerning conduct at camp. It is our number one goal for everyone at Pyoca to have a safe and fulfilling week of camp. These guidelines will help us achieve that goal. Please review, sign and return to camp.

Sincerely,
The Pyoca Staff

- I will be open to learning about God and myself.
- I will accept people as they are.
- I will respect other campers and staff as well as their personal belongings.
- I will respect the camp facilities and Gods creation surrounding them.
- I will participate to the best of my ability in all activities.
- I will challenge myself.
- I will let my counselor or another staff member know if I am upset or angry .
- I will ask questions if there is something I don't understand.

I have read the above rules and agree to follow them while at camp.

Camper Signature

Parent Signature

Date

Health Screening
(Filled out by staff member at registration)

Has anything changed since filling out this form? ____No ____Yes: _____

Any fever or illness in the last 24 hours? ____No ____Yes: _____

Any signs lice or bedbugs? ____No ____Yes: _____

Any medications to be given at camp? ____No ____Yes: Please see nurse

Are all medication and general consent forms signed? ____Yes ____No - please have parent or guardian sign consents