



Santa Claus Camps  
**Middle & High School Camp**  
June 28-July 3, 2021

## Health Information

*This certificate is to be completed and signed by a parent or guardian. This form MUST BE emailed to [Jennifer.pusateri@gmail.com](mailto:Jennifer.pusateri@gmail.com) at least 5 days before camp -OR- BROUGHT TO CAMP with the camper. Parents/guardians are responsible for calling health needs to the attention of the camp. A physician is welcome to fill in this form if the parent wishes.*

### CONTACT INFORMATION

Camper's Name: \_\_\_\_\_

Camper's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Grade in Fall 2021: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent Primary Phone: \_\_\_\_\_ Parent Secondary Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emer. Con. Phone: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

### COVID-19 INFORMATION

[View our COVID-19 policies and protocols HERE](#)

Has the camper received a COVID-19 Vaccine?: YES NO

*If Yes, add dates of doses below.*

Date of Dose 1: \_\_\_\_\_ Brand of Vaccine: \_\_\_\_\_

Date of Dose 2: \_\_\_\_\_ Brand of Vaccine: \_\_\_\_\_

*If no, have you provided documentation of a negative test taken on or after June 25, 2021?*

Date of Negative Test: \_\_\_\_\_ Testing Site: \_\_\_\_\_

## IMMUNIZATION INFORMATION

**Please note:** All campers must have had a Tetanus shot within the last ten years.

Date of Tetanus Shot: \_\_\_\_\_ Are All Immunizations Current? YES NO

If no, why? \_\_\_\_\_

Has there been any recent exposure to a contagious disease? YES NO

If yes, what? \_\_\_\_\_

## GENERAL HEALTH HISTORY

Please check all that apply:

- |                                            |                                                      |
|--------------------------------------------|------------------------------------------------------|
| 1. Has been hospitalized                   | 11. Has fainting or dizzy spells                     |
| 2. Has had surgery                         | 12. Has passed out/had chest pains with exercise     |
| 3. Has recurrent/chronic illness           | 13. Has had "mono" in the last 12 months             |
| 4. Has had a recent infectious disease     | 14. Has problems falling asleep/sleepwalking         |
| 5. Has had a recent injury                 | 15. Has back or joint problems                       |
| 6. Has asthma/wheezing/shortness of breath | 16. Has a history of bedwetting                      |
| 7. Has diabetes                            | 17. Has problems with diarrhea or constipation       |
| 8. Has frequent headaches                  | 18. Has skin problems                                |
| 9. Has seizures                            | 19. Has traveled outside of the US in the last 9 mo. |
| 10. Wears glasses or contacts              | 20. If female, has problems with menstruation        |

Please explain, noting the numbers, here: \_\_\_\_\_

\_\_\_\_\_

## MENTAL, EMOTIONAL, & SOCIAL HEALTH

Has the camper:

- YES NO 1. Been treated for ADD or ADHD?
- YES NO 2. Been treated for depression or anxiety?
- YES NO 3. Been treated for an eating disorder?
- YES NO 4. Seen a professional for mental health concerns in past 12 months?
- YES NO 5. Had a significant life event that continues to affect the camper's life?  
*(history of abuse, death of a loved one, family change, adoption, foster care, new sibling, etc.)*
- YES NO 6. Is this a first-time camper?

Please explain any "YES" answers below, noting the number.

\_\_\_\_\_

\_\_\_\_\_

## ALLERGY INFORMATION

Medication Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Environmental Allergies (*insect stings, poison ivy, hay fever, etc.*): \_\_\_\_\_

Any Other Allergies: \_\_\_\_\_

## DIET & NUTRITION INFORMATION

(Please check all that apply)

No nutritional restrictions

Vegetarian

Lactose Intolerant

Gluten Free

Other

## MEDICAL INSURANCE INFORMATION

Name of Insurance Company Covering the Camper: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number (if applicable): \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

## EMERGENCY CONSENT

IN CASE OF AN EMERGENCY, I understand every effort will be made to contact me. In the event I cannot be contacted, I hereby give permission to the physician selected by the camp director or site manager to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

\_\_\_\_\_  
Parent/Guardian Signature (type in name)

\_\_\_\_\_  
Date Form was Filled in and Signed

# MEDICATION AUTHORIZATION & RELEASE

Camper's Name: \_\_\_\_\_

*(This box is filled out by camp directors- leave this blank)*

Family Group: \_\_\_\_\_ Counselor: \_\_\_\_\_

Dorm: \_\_\_\_\_ Cabin #: \_\_\_\_\_

## Regularly Scheduled Medications

Medication Name	Date Started	Reason needed	Time(s) to Be Administered	Dosage Given	How is It Given?

*All medications (with the exception of inhalers for severe asthma) will be kept by the camp nurse and distributed to the camper at the designated times listed above.*

## MEDICINES YOU DO NOT WANT YOUR CAMPER TO RECEIVE

*Listed below are some medications commonly kept in stock. Please "check" any medications you DO NOT WANT YOUR CAMPER TO RECEIVE. No medications will be given without signed consent of the parent.*

Acetaminophen (Tylenol)  
 Antihistamine/Allergy Medicine  
 Sore Throat Spray  
 Antibiotic Cream  
 Aloe  
 Saline Eye Drops

Ibuprofen (Advil or Motrin)  
 Guaifensin Cough Syrup (Robitussin)  
 Generic Cough Drops  
 Calamine Lotion  
 Tums

Parent or legal guardian releases **Camp Friends Together** and **Newburgh United Methodist Church** of any legal liability resulting from the above medications.

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

# LIABILITY, MEDICAL & MEDIA RELEASE FORM

Camper's Name: \_\_\_\_\_

**PARTICIPANT GUARANTEE OF HEALTH COVERAGE AND HEALTHINESS**

I represent, assert and covenant to Camp Friends Together and Newburgh United Methodist Church that my child, being a minor under 18 years of age, has eligible health insurance that will cover any accidents or injuries that may be suffered while engaged in Middle or High School Camp. I also warrant and affirm that my child is physically able to engage in the participated activities, and I hereby assume the responsibility of physical fitness and capacity to take part, in any manner whatsoever, in the participated activities.

**EMERGENCY MEDICAL TREATMENT AND OTHER PROVISIONS**

In the event that emergency medical treatment is required due to illness or injury during my child's participation in camp, I authorize Camp Friends Together and Newburgh United Methodist Church to secure and retain medical treatment and transportation, if necessary. The authorization alluded to herein includes x-rays, surgery, hospitalization, medication, and any other treatment procedure to be deemed, by the attending physician, for the purposes of saving one's life. However, the expenses or costs incurred in such an event will be the responsibility of the undersigned, and not Camp Friends Together nor Newburgh United Methodist Church. This provision shall only be invoked if the child and all emergency contacts are unable to consent for treatment.

**LIABILITY RELEASE (Release of all Claims)**

In consideration for being accepted by Camp Friends Together and Newburgh United Methodist Church - for participation in Middle & High School Camp, we(I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Camp Friends Together, Newburgh United Methodist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while the said child is participating in Jr. High Camp. Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said entity, its directors, employees and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

**MEDIA RELEASE**

I, the undersigned, do hereby consent and agree that Camp Friends Together, Newburgh United Methodist Church, their employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use such photographic likenesses of my child in any and all media, nor or hereafter known, including specifically, but not limited to, Camp Friends Together's website on the World Wide Web. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary. I hereby release to Camp Friends Together, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my child's identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me or my likeness, either for initial or subsequent transmissions or playback. I also understand and agree that Camp Friends Together is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

**I HAVE READ THE ABOVE RELEASE, UNDERSTAND WHAT I HAVE READ AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Signature of Camper (type in name to sign)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*If the above-named person is a minor, the undersigned hereby acknowledges and agrees to this Release for and on behalf of said minor, and acknowledges, agrees and certifies that the undersigned are the legal guardian(s) of the above-named minor*

\_\_\_\_\_  
Signature of Parent/Guardian (type in name to sign)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date