

# Episcopal Youth Camp 2009 Camper/CIT Information Record

Please type or print

This completed form is to be mailed by July 24 (if you receive it after July 24, please mail it back asap):  
EYC – Diocese of Western Michigan / 535 S. Burdick, Suite 1 / Kalamazoo, MI 49007

Name of Camper/CIT \_\_\_\_\_

Nickname (name person prefers to be called) \_\_\_\_\_

Male or Female \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Authorized Person (parent or legal guardian) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Other alternate phone \_\_\_\_\_

Person other than Authorized Person to be notified in an emergency situation: \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Other alternate phone \_\_\_\_\_

**Additional Person to contact if above people can't be notified  
(The person must have a different phone number than above)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Other alternate phone \_\_\_\_\_

## Photo & E-mail Release

I give permission for photographs or video footage of my child to be used by the Diocese of Western Michigan for promotional purposes (children will not be individually named). **Yes / No (circle one)**

At the end of each camp session, we give out a list of all campers & staff present – we generally include the name, parish & an e-mail address for contacting friends.

I give permission for an e-mail address to be given out on a list to all campers and staff at the end of the week.  
**Yes / No (circle one)**

E-mail address to be used on camper list \_\_\_\_\_

**Camper/CIT Registration and Release**

Camper registration will begin at 4:00pm on Sunday. CIT registration will begin 2:00pm. Registrations will happen at stated time, unless previous arrangement is made with the Camp Director.

All Campers/CITs will be released at site of camp on Saturday at 11:00AM (the end of the camp session) unless otherwise stated & must be picked up by 11:45. **All campers MUST be signed out at the end of camp.**

List time and date if camper will need to leave **mid-session** \_\_\_\_\_

List name(s) of person(s) to whom camper **MAY NOT BE released** (if there are people that may not have any contact with the campers, please speak with the camp director about this)

a. \_\_\_\_\_ b. \_\_\_\_\_

(For office use)

**Registration Information**

Cabin assignment \_\_\_\_\_

Registered by \_\_\_\_\_ Date of registration \_\_\_\_\_

**Change in Release**       Check here if a change in release occurs during the camping session

Name of person requesting the change \_\_\_\_\_ relationship \_\_\_\_\_

Name of new release person \_\_\_\_\_

Date & time of change notification \_\_\_\_\_ Received by \_\_\_\_\_

**Release Information**

Released by \_\_\_\_\_

Date of release \_\_\_\_\_ Time of release \_\_\_\_\_

Released TO (signature) \_\_\_\_\_ (printed name) \_\_\_\_\_

**Please read and sign the following:**

**As a parent/guardian**, I hereby give permission for the designated camper or CIT to attend the Episcopal Youth Camp in the Diocese of Western Michigan and to participate in all the activities. I understand that my child must follow the rules set forth by the Diocese of Western Michigan. If dismissal because of a disciplinary problem occurs, transportation will be provided by or paid by the person or a parent and any registration fees will not be reimbursed. A copy of the incident report and the course of action will be kept in the camp files, be sent to the person's home rector or sponsoring clergy person and be sent to the Bishop.

I agree to hold the Diocese of Western Michigan and any associated agencies and persons free and waive any claims for payment of accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

*Parent/Guardian Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*As a camper/CIT I agree to follow all the rules set forth at camp.*

*Camper/CIT Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

The information on this form is not part of the camper or CIT acceptance process, but is gathered to assist us in identifying appropriate care. Provide complete information so that the camp can be aware of your needs. All information will remain confidential.

**Please PRINT**

# Health Form for Camper/CIT 2009

**Name of Camper/CIT** \_\_\_\_\_

**Nickname** (name person prefers to be called) \_\_\_\_\_

## Insurance Information

Is the camper/CIT covered by family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, indicate carrier or plan name \_\_\_\_\_

Group # \_\_\_\_\_

**Name of Family Physician** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**ALLERGIES** Please list all known allergies. Describe reaction and management for reaction. (Allergies may need to be shared with cabin counselors and other staff members)

Medication allergies (list) \_\_\_\_\_

Food allergies (list) \_\_\_\_\_

Other allergies (list – please include insect stings, hay fever, asthma, etc.) \_\_\_\_\_

## RESTRICTIONS AND LIMITATIONS

**Does not eat:**  Red Meat  Pork  Dairy Products  Poultry  Seafood  Eggs

Other (describe) \_\_\_\_\_

**Restrictions to activity and special needs, limitations and adaptations** (what can't be done, what adaptations or limitations are necessary)

Please explain: \_\_\_\_\_

Use the space below to provide any additional information about the camper's **behavior** and **physical, emotional, or mental** health that the camp should be aware (remember, this will be kept confidential, but is helpful to the camp medical director and the camp director):

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**NOTE:** In some instances it may be helpful for the cabin counselors or other staff members to know some of the information on the medical record. Please fill out one of the options below:

You may share any information that the Medical Director and Camp Director deem helpful

No information may be shared unless an emergency occurs

The following information may be shared: \_\_\_\_\_

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**IMMUNIZATIONS & DISEASES**

Are your child's immunizations up to date?  Yes  No If no, please explain \_\_\_\_\_

Please list any current infectious diseases \_\_\_\_\_

Please list date of last tetanus shot if known \_\_\_\_\_

**MEDICATIONS BEING TAKEN**

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep it in the original packaging/bottle** that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

\_\_\_ **This person takes NO medications on a routine basis** OR

\_\_\_ **This person takes medications as follows:**

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

*(Please use a separate sheet for additional medications taken on a routine basis)*

Does the medication usage stated on the bottle match what is stated above?  Yes  No

If no, state discrepancies \_\_\_\_\_

List any medications taken during the school year that participant does/may not take during summer: \_\_\_\_\_

\_\_\_\_\_

***Please read and sign the following:***

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I have given permission to the camp to provide routine health care, administer medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician/nurse selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied if necessary.

Signature of parent/legal guardian \_\_\_\_\_

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

*For camp use only* Screened by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Health History Reviewed  Yes

Medications Received  Yes  No

Camper needs discussed  Yes Anything to note: \_\_\_\_\_

Physical State Observational Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_