



CHILD'S NAME: _____
CAMP: _____
CAMP DATES: _____
ADDRESS: _____
CITY: _____ PROV: _____ CODE: _____

PARENTAL PERMISSION FORM

AGREEMENT TO PARTICIPATE

Camping is a vigorous, energetic experience. Participants need to have normal health, strength and endurance. Activities can include walks up to 1 mile, running and exploring along bush trails and creeks, water sports, games of strength, rigorous field and group games, climbing wall, high ropes course, zip line, use of sharp craft tools, horse riding at various gaits on the trail and in the ring, use of bow and arrow, trampoline, playground equipment, hiking and biking in mountainous terrain, mountain boarding, lake canoeing, whitewater rafting, climbing and rappelling, waterskiing and vehicle travel to and from activity sites. I/we, the undersigned, recognize that there are risks of injury and/or loss associated with such a camping program. Camp Caroline's staff makes the safety and well-being of each camp and camper a top priority. However, the possibility exists that injuries and/or loss occur. They can range from minor cuts and abrasions, to sprained joints, bee-stings, animal attacks, major cuts, concussions, broken bones, and even death. With many children and youth together, it is also possible for certain illnesses to transfer from one camper to another. They can range from colds and flus to strep throat and chicken pox. However, should a camper become sick with a highly contagious illness, that camper is separated from the others or sent home.

EXPECTATIONS OF THE PARTICIPANT CAMPER

Camper(s) are expected to listen carefully and to obey the rules given at the beginning of the camp week and each activity session by the person(s) in charge, and assist by informing/calling attention to situations which may cause injury for oneself and other participants, surface condition, not feeling well or fatigued, not being able to master the skill, et al.

ASSUMPTION OF RESPONSIBILITY

I/we the undersigned parent(s)/guardian(s) assume the responsibility for injuries to my child/children in my care while at Camp Caroline, and I will not bring an action for damages which might arise from these injuries.

PARENTAL PERMISSION

I/we the undersigned parent(s)/guardian(s) of the registering camper, acknowledge that I/we have read the above paragraphs, have completed the registration form and medical information fully and truthfully, and give permission for the registering camper to participate in their camp week at Camp Caroline. I/we have read Camp Caroline's current Stock Medications List (see attached) and give permission for the Camp Nurse to administer as needed the medications listed therein at dosages listed therein (i.e. according to the instructions on the packaging), unless directed otherwise in the camper's written medical information supplied by parents at registration or on day of arrival. I/we also give permission to the Camp Manager and/or Camp Nurse to approve and obtain medical attention necessary to the camper's welfare and good health. If such a situation were to occur, the camp will attempt to notify the parent(s)/guardian(s) or other emergency contact(s), as soon as possible. In the case of accident or illness, the participant must pay for any emergency transport and hospital/physician/medical expenses. I/we also give Camp Caroline permission to use pictures/videos that may be taken of the camper during the camp week for promotional purposes.

Parent(s)/Guardian(s) Signature _____ Date _____

Registering Camper's Signature _____ Date _____

Agreement to Participate in Church Camper Report Program

Camp Caroline's Camper Report Program enables us to communicate to parents some of the lessons learned and growth observed in a camper during his/her week at camp. It is a one page report which includes the camper's name, picture, camp details, and personal feedback from the camper's counselor. This report is automatically sent to parents a few weeks after the child's week at camp. We also believe it beneficial for the spiritual leaders within the camper's home church to also receive this information, so as to follow-up and help the camper continue to grow spiritually in the things learned at camp. We propose to mail a copy of the camper report to the stated home church at the same time that we would send the original to the parents. We wish to respect your privacy, however; therefore it is up to you to participate. Please check one of the following options, and sign if you choose to participate:

<p><u>Consent to Participate in Church Camper Report Program</u></p> <p><input type="checkbox"/> I/we give Camp Caroline permission to send a copy of my child's camper report to our home church.</p> <p>Parent/Guardian Signature: _____</p> <p>Name of Church: _____</p> <p>Address: _____</p> <p>_____</p>

<p><u>Opt Out Option</u></p> <p><input type="checkbox"/> I/we choose not to involve a home church. Please send my child's camper report to PARENTS ONLY.</p>
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Stock Medications List (revision Jan 7/09)

Dear Parents: In order to keep you well-informed about our first aid station and procedures, this list is now provided for your perusal. In signing the Parental Permission Form (p.1), you acknowledge that you have read this list and grant permission to Camp Caroline's Summer Nurse to follow these guidelines when administering "over-the-counter" medications according to your child's needs.

Parental Permission Form can be signed and sent back without this list attached.

Purpose / Use	Name of Medication	Recommended Dosage
Fever, pain, aches, sore throat	Acetaminophen	500 mg - 1 tablet every 4 hrs.
	Acetaminophen Junior Chews	160 mg
	Acetaminophen Suspension	160 mg / 5 mL
Fever, pain, muscle aches, menstrual pain	Ibuprofen	200 mg
	Ibuprofen (Advil) Junior Chews	100 mg
Allergy	Benadryl (Diphenhydramine HCl)	25 mg
	Benadryl Junior Chews	12.5 mg
	Loratidine 24 hr. Allergy Remedy	10 mg
	Diphenhydramine HCl Suspension	6.25 mg / 5 mL
Heartburn, upset stomach, nausea, diarrhea	Bismuth Subsalicylate Liquid (Pepto Bismal)	17.6 mg / mL
Constipation, upset stomach	Milk of Magnesia (Magnesium hydroxide)	77.5 mg / mL
	Psyllium Capsules, Fiber Therapy	525 mg Psyllium husk powder
Diarrhea Relief	Loperamide HCl	2 mg / tab
Heartburn	Tums (Calcium Carbonate)	
Nausea/Vomiting	Dimenhydrinate	50 mg
	Dimenhydrinate kids	15 mg
	Dimenhydrinate Suspension	15 mg / 5 mL
Eye irritation	Visine (Tetrahydrozoline HCl, 0.05 %)	
Sore throat	Chloraseptic Sore Throat Lozenges (Benzocaine, Menthol)	6 mg / 10 mg respectively
	Strepsils (2,4 - Dichlorobenzyl Alcohol, Amylmetacrest B.P.)	1.2 mg / 0.6 mg respectively
	Zinc Lozenges (Zinc, Vit C, Echinacea, Thyme Herb, Elm bark, Marshmallow root)	
	Benzocaine lozenges	6 mg
Congestion - cold remedy (adults only)	Nasal & Sinus Decongestant Relief (Pseudoephedrine hydrochloride)	60 mg
Cold remedy (Adults only)	Flu Relief (Diphenhydramine Hydrochloride, Pseudoephedrine Hydrochloride, Acetaminophen)	25mg, 30 mg, 500 mg respectively
	Dayquil (Dextromethorphan Hydrobromide, Phenylephrine Hydrochloride, Acetaminophen)	10 mg, 5 mg, 325 mg respectively
	Nyquil (Dextromethorphan Hydrobromide, Doxylamine Succinate, Pseudoephedrine HCl, Acetaminophen)	30 mg, 12.5 mg, 60 mg, 1000 mg respectively / 2 tbs (30 mL)
Cough suppressants (Adults only)	Benlyn Dry Cough (Dextromethorphan Hydrobromide)	15 mg
	Buckley's (Potassium bicarbonate, Ammonium carbonate, Menthol, Camphor)	267 mg, 153 mg, 22 mg, 2.2 mg respectively
Cough & cold remedy (Only age 7 & up)	Buckley's Kids (Pseudoephedrine HCl, Dextromethorphan Hydrobromide, Chlorpheniramine Maleate)	15 mg, 7.5 mg, 1 mg respectively
Bites, stings, burn	Polysporin Itch Relief	As required
Antibiotic cream to prevent and treat infection in minor nicks, scratches, cuts	Polysporin (Bacitran zinc & polymyxin B sulfate ointment)	As required
Ear ache	Polysporin Eye / Ear Drops	As required
Antibiotic cream - soothes and protects	Ozonol (Phenol, zinc oxide)	As required
Antiseptic cream for minor scrapes, cuts	Betadine (Povidon-iodine)	As required
Minor skin reactions/rashes	Hydrocortisone cream (0.5 % USP)	As required
Athlete's Foot	Clotrimazole cream, (1 % USP)	As required
Adults only - for muscle aches and pains	Analgesic Gel (Menthol, 2.50 %) ("Arctic Ice")	As required
Colds	Vitamin C	500 mg