

2009 Kid's Breakaway Camper Application

Camper's Name: _____ Age: ____ Gender: M F Grade completing: ____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Church Name: _____ City: _____

Please mark appropriate weekend:

- Weekend #1: Feb 27-March 1
- Weekend #2: March 6-8
- Weekend #3: March 13-15

Today's Payment:

- \$30 Camp Deposit
- \$91 Camp Full Payment (before Feb 11)
- \$10 T-shirt (please circle size below)
S M L XL XXL XXXL - Adult Sizes

Deposit must be made when registering the camper. No individual registrations are accepted.
Please turn in the completed camper application to your church group leader.

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate the carrier or plan name: _____ Group # _____

Family Physician/Pediatrician Name: _____ Phone # _____

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

This camper application and health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek and consent to routine health care, administration of prescribed medications and emergency treatment for my child, as may be necessary, including but not limited to x-rays, routine tests and treatment and/or hospitalization. I also give permission for the camp to arrange related transportation, and to release any records necessary for treatment, referral, billing or insurance purposes.

It is my intention that the camp be treated as acting in *loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purpose of disclosing information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event that I cannot be reached in an emergency, I hereby give permission to the Nurse/Physician/Staff selected by the camp to secure and administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips out of camp. In addition, I also consent to photographs and/or video images of the above listed camper for use within the scope of PennDel Ministry Network advertisements and brochures.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

**Please Complete the Health History and Medications form on the reverse side of this release.
Incomplete applications will be charged an additional \$10**

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide the camp health care personnel the background to administer appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to your church's group leader prior to departure for camp. This information will be included on the Medical Update form and given to the camp staff at the time of registration. Provide complete information so that the camp can be aware of your child's needs.

Medication Allergies

Describe reaction and management of the reaction.

Food Allergies - Please list any medical food allergies. If your child has medical dietary needs, please call 717- 243-7391 or e-mail Ajurado@penndelcc.org and speak with Albert Jurado: Food Service Director. We are not a peanut free facility. While we do not intentionally use peanuts or peanut products, some foods may be processed in facilities that handle peanuts or peanut products.

Other Allergies - include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Our medical personal can only dispense medications 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. Please list ALL medications (including over-the-counter or non-prescription drugs and vitamins) that are taken routinely. Bring enough medication to last the entire time at camp.

This person takes **NO** medications on a routine basis.

This person takes medications as follows:

Med #1: _____ Dosage: _____ Specific time taken each day: _____
Reason for taking: _____

Med #2: _____ Dosage: _____ Specific time taken each day: _____
Reason for taking: _____

Med #3: _____ Dosage: _____ Specific time taken each day: _____
Reason for taking: _____

Attach additional pages for more medications.

I give permission for the on-site medical personnel to administer the following medications to my child when necessary:

Tylenol(Acetaminophen)

Advil (Ibuprofen)

Benadryl (Diphenhydramine)

RESTRICTIONS

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary): _____

Bed Wetting Yes No Bed Wetting Precautions: _____ Date of last tetanus shot: _____