

All Saints of North America Orthodox Youth Camp

1967 Napier Street, Vancouver, BC, V5L 2N6

director@allsaintscamp.ca

www.allsaintscamp.ca

Camper Name: _____

Health History Form -

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

This form MUST be completed and submitted in order to attend camp.

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. The health history portion must be filled out by parents/guardians of minors or by adults themselves.

Name: _____ Birthdate: _____

Age while attending camp: _____ yrs MALE FEMALE

Home Address:

Street Address City State/Prov. Zip

Custodial parent/guardian(s):

Name _____ Phone: (h) _____ (w) _____ cell) _____

Name _____ Phone: (h) _____ (w) _____ cell) _____

Other Emergency Contact Name: _____ Home Phone: _____

Relationship to Camper : _____ Other Phone: _____

Name of family physician _____ Phone: _____

Care Card Number: _____

Which of the following has the camper had?

<input type="checkbox"/>	Measles
<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	German Measles
<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Hepatitis A
<input type="checkbox"/>	Hepatitis B
<input type="checkbox"/>	Hepatitis C

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Camper Name: _____

	TB Test
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Date of Last Test: _____

Result: POSITIVE NEGATIVE

PLEASE GIVE DATES OF IMMUNIZATION FOR:

DTP (Diphtheria/Tetanus/Polio)	
TD (Tetanus/Diphtheria)	
Tetanus	
Polio	
MMR	
Measles	
Mumps	
Rubella	
Haemophilus influenza B	
Hepatitis B	
Varicella (chicken pox)	

ALLERGIES

Describe reaction and management of reaction

Medication Allergies _____

Food Allergies

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

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MEDICATIONS CURRENTLY BEING TAKEN

(Meds brought to camp must be in their original labelled pharmacy container.)

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 _____

Attach additional pages for more medications.

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

GENERAL QUESTIONS (Circle Yes or No. Explain "yes" answers. Use a separate page if needed.)

Has/does the participant:	YES	NO	Explanation
1. Had any recent injury, illness, or disease?			
2. Have a chronic or recurring illness/condition?			
3. Ever been hospitalized?			
4. Ever had surgery? For What?			
5. Have frequent headaches or migraines?			
6. Ever had a head injury?			
7. Ever been knocked unconscious?			
8. Wear glasses, contacts or protective eye wear?			
9. Ever had frequent ear infections?			
10. Ever passed out during or after exercise?			

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11. Ever been dizzy during or after exercise?			
12. Ever had seizures?			
13. Ever had chest pain during or after exercise?			
14. Ever had high blood pressure?			
15. Ever been diagnosed with a heart problem?			
16. Ever had back problems?			
17. Ever had joint problems?			
18. Have an orthodontic appliance?			
19. Have any skin problems? (i.e., itching, rash, hives, acne)?			
20. Have diabetes?			
21. Have asthma?			
22. Had mononucleosis in the past year?			
23. Had problems with diarrhea/constipation?			
24. Ever had an eating disorder?			
25. If female, have an abnormal menstrual history?			
26. Ever had emotional/psychiatric difficulties for which help was sought?			
27. Episodes of sleep walking?			
28. Recent episodes of bedwetting?			

OVER-THE-COUNTER MEDICINES

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Please circle yes or no for the over-the-counter medication that your child is permitted to take.

Tylenol Products	
Cough Lozenges	
Pepto Bismol	
Sterile Eye Irrigate	
Antacids Sudafed	
Ibuprofen Products	
Antiseptic Throat Spray	
Benadryl	
Cough Syrup	
External Ointments	
Sprays, Lotions	
Dimetapp Products	

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OTHER CAMPER INFORMATION

We want your camper to have the best possible experience while at St Arseny Camp.

All information is regarded as STRICTLY CONFIDENTIAL and will only be shared with the staff who work with your camper and other necessary personnel (Camp Director, Nurse, Food Service Director, etc.) as appropriate.

·What is your child looking forward to at camp?

·Are there special fears, worries or concerns your child has about camp (extreme shyness, afraid of the dark, etc.)?

·Are there circumstances in your child's life that would be helpful for us to be aware of (i.e., death of a close relative, divorce, or other family trauma, etc.)? Please provide relevant details.

·My camper is under the legal custodial care of (circle one):

Both Parents Mother Only Father Only Other

Please provide all relevant details:

Please note that if any restrictions regarding parental access to the camper are to be observed by the Camp, we must be notified via court order, addressed specifically to All Saints of North America Orthodox Youth Camp.

·Swimming ability (circle one):

can't swim beginner intermediate expert

Use this space to provide any additional information about the participants behaviour and physical, emotional, or mental health about which the camp should be aware.

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Medical Legal Waiver:

I/We the parent(s) or legal guardian(s) hereby authorize representatives of All Saints of North America Orthodox Youth Camp to make such arrangements as they consider necessary for the child mentioned below to receive medical, hospital, or first aid care, including necessary transportation. This authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power to render care which is deemed advisable in the best judgement of the Camp First Aid Personnel and professional health care providers. It is understood that an effort will be made to contact the undersigned or emergency contact person(s) prior to rendering treatment, but that treatment will not be withheld if the undersigned or emergency contact person(s) cannot be reached. The undersigned will be responsible for any additional costs involved.

All medications must arrive in their original packaging and in sufficient supply. Medication not in its original packaging will NOT be administered. ALL medication will be administered by the Camp First Aid Personnel, NOT the camper. Any prescription AND non-prescription medication sent to the camp will be held by the Camp First Aid Personnel and not permitted in the cabins except under pre-approved extenuating circumstances.

The Undersigned gives the Camp First Aid Personnel the right to administer prescription or non-prescription drugs for the medical well-being of the camper, in accordance with the information provided on the Health History Form. As well, the Undersigned gives the Camp First Aid Personnel permission to administer an Epipen if needed for the good of the camper.

I acknowledge that some of the activities that my child(ren) will engage in involve some risk of personal injury. I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, volunteers, or staff of All Saints of North America Orthodox Youth Camp from all liability for injury to the camper in any manner arising out of or incidental to participation, including without limitation all consequential damages, whether or not resulting from the negligence of any of the above noted parties or their agents. Nor shall these parties or agents be liable for any personal injury occurring during the transportation of campers and staff to and from camp.

Each camper must have Provincial or equivalent medical insurance.

All Saints of North America Orthodox Youth Camp reserves the right to dismiss a camper who, in the opinion of the camp, is a hazard to the safety of themselves or others or who appears to have rejected the reasonable controls of the camp. If this occurs, no fees will be refunded and the camper may not be allowed to return to the camp.

Parent or Guardian's Signature (required) _____

Date (required) _____

Name of Camper (required) (please print) _____

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In order to promote a safe and enjoyable week at camp, I agree to the following guidelines:

Camper Guidelines

All campers are expected to actively participate in the camp program and abide by the rules set out by the Camp Directors at the beginning of camp.

In the event that the Camper fails to comply with the expectations in this agreement, one or more of the following actions will take place:

- Camper will lose camp privileges.
- His/her parent/guardian will be contacted.
- He/she will returned home at his/her expense.

The Camp Priest will be advised of the above action(s) taken and the reason for taking these actions.

Camper Agreement :

- 1) I agree to attend all religious activities daily, to fully respect Orthodox Life and to abide by the Clergy and Camp Directors' instructions. I agree to maintain the cleanliness of the camp's buildings and grounds and to treat them properly.
- 2) I agree to have all medication administered by the camp medical staff. I also agree to have my medical requirements brought to the attention of the staff first aid administrator with specific instructions at the time of registration.
- 3) I understand that mixed-gender visiting in the cabins of other campers, personal displays of affection of a romantic nature, and inappropriate attire are not permitted.
- 4) I understand that cabin assignments are made with regard to the camper's age and gender and that I may not be assigned a cabin with someone with whom I have requested to share a cabin. I agree to be in my assigned bunk by the nightly curfew hours and to obey my counsellor's instructions. I agree not to conspire with others to break curfew.
- 5) I agree not to leave the camp grounds without permission from the Camp Director.
- 6) I understand that there will be no tolerance of any profanity, alcoholic drinking, cigarettes, inhalants, illegal substances, fireworks, lighters, matches, cell phones, iPods, other personal electronics, or the possession of any weapons while I am at camp.
- 7) I agree to behave in a manner that reflects the Orthodox Christian Faith.
- 8) I agree to follow the rules set out by the Camp Directors and staff and to treat all staff and campers with respect, kindness, and consideration.

Parent/Guardian Agreement:

I have read and agree to abide by the above camper guidelines. I agree that, at the discretion of the camp first aid personnel, clergy, or directors, I will pick up my camper, day or night, if he/she becomes ill or for reasons of behavioural disruption, at my own expense.

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I understand that my camper(s) must be registered (by the Camper Application Form)online or on paper) to attend camp before July 1, 2014, and that the Medical Form / Legal Waiver and this Agreement must be signed, completed, and submitted along with full payment by July 1, 2014. I understand that if these forms are not signed and submitted, my camper(s) may not be allowed to attend camp.

I agree to contact the Camp Director before camp begins if I have any questions, if I do not understand, or if I wish to amend these guidelines in any way.

I have read or communicated the information in the Camper Guidelines to my child and am confident that my camper understands and will abide by these guidelines.

Camper Signature (it camper is 13 years or over) _____

Parent or Guardian's Signature (required) _____

Date (required)_____

Name of Camper (required) (please print) _____

This agreement is in full force from the time the Camper arrives at camp (or is picked-up at the ferry terminal) and will remain in effect until the completion of camp when the Camper is returned the care of his/her parent(s) or guardian(s).

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Photo Release Form / Permission to Use Photograph

Name of Child/Children:

(please print neatly)

Event: Camp 2014

Location: Seven Springs Ranch, Nanoose Bay, BC

I grant to All Saints of North America Orthodox Youth Camp, the right to take photographs of me and my family in connection with the above-identified event. I authorize All Saints of North America Orthodox Youth Camp, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that All Saints of North America Orthodox Youth Camp may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

(parent or guardian must sign for children under 18)

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____

(if under age 18)