

Teen Camp Registration

Camper's Name: _____

Camper's DOB: _____

INFORMATION & EMERGENCY CONTACT FORM

CAMPER INFORMATION:

E-mail: _____

Address: _____

Phone: _____

Gender: Male Female

Grade in September: _____

T-shirt Size: _____

PARENT / LEGAL GUARDIAN INFORMATION:

First & Last Names: _____

E-mail: _____

Address: _____

Phone: _____

EMERGENCY CONTACT INFORMATION:

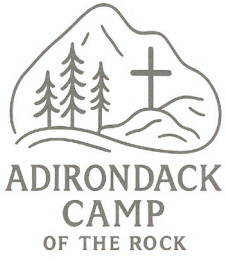
Primary Contact: _____

Phone: _____

Secondary Contact: _____

Phone: _____

How can we specifically pray for your teen this week? (Or you may contact Joyce directly for prayer requests - text or email 518-637-7899 • joyce.terry38@gmail.com)



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PERMISSION FORM

REQUIRED DOCUMENTS:

1. Copy of Insurance Card
2. Current Immunization Records
3. Medication Form signed by camper's physician (See Page 4)

Documentation of immunization for the following diseases MUST be submitted with this form: Mumps, Measles, Rubella (MMR), Diphtheria, Tetanus, and Varicella. Acceptable documentation is a copy of school, home, or physician's records.

PERMISSION:

I hereby give permission for _____ to participate in all camp activities except for the following restrictions (list restrictions or state "NONE"):

I, the parent / guardian of _____ understand that in cases of medical emergency, every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the Camp Medical Director or physician(s) selected by authorized personnel of the Adirondack Camp of the Rock to hospitalize and to otherwise secure proper emergency treatment including injection, anesthesia, or surgery for the above child. I, the undersigned, do, for myself, my heirs, personal representation and assignees waive and release any and all rights and claims for damages against the Adirondack Camp of the Rock Association, their agents or authorized persons, for any and all injuries which may be suffered by me or my child, except that provided through insurance benefits.

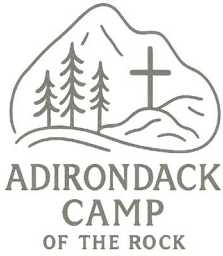
- I give permission for Adirondack Camp of the Rock to use my child's picture on its website and/or social media.
- I give permission for the Camp Medical Director to supply Sunscreen and Insect Repellent to my child.

FOR OFFICE USE ONLY
<input type="checkbox"/> Info / Emergency Contact Form - page 1
<input type="checkbox"/> Insurance Card
<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Permission Form - page 2
<input type="checkbox"/> Health History Form - page 3
<input type="checkbox"/> Medication Form - page 4
<input type="checkbox"/> Medications
<input type="checkbox"/> Deposit
<input type="checkbox"/> Paid in FULL

Signature of Parent / Guardian

Printed Name of Parent / Guardian

Date



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HEALTH HISTORY FORM

HISTORY OF THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Seizures / Convulsions | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fractured Bones |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Sprains |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (explain below) |

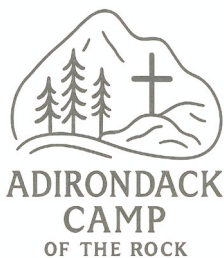
Please briefly explain:

Other health history / conditions we should be aware of:

Allergies:

Medications - PLEASE BE ADVISED:

- * Medications cannot be given without the Medication Form completed and signed. (See page 4)
- * Please make sure the Medication Form is completed. One form per camper is required.
- * Your child is responsible for going to the Camp Medical Director at the required time for medication to be taken.
- * Everyone's cooperation is greatly appreciated!



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MEDICATION FORM

MEDICATION GUIDELINES:

In accordance with New York State Law, the listed guidelines are to be followed by the Camp Medical Director in connection with the administration of medication to campers at Adirondack Camp of the Rock.

1. Medication must be brought in the original bottle, whether it is prescription (Rx) or over the counter (OTC).
2. There must be a written order from the physician stating the name of the camper, medication to be given, time and dosage, with the physician's signature. This includes all Rx, all OTC, and all PRN (as needed) - including but not limited to Tylenol, Motrin, etc.
3. **Per NYSDOH - NO MEDICATIONS OF ANY KIND WILL BE GIVEN UNLESS PRESCRIBED AND SIGNED BY DOCTOR BELOW. This means no PRN medications will be given if not signed below by doctor.**
4. There must be a written request from the parent to administer the medication while the child is at camp.
5. A responsible person must deliver medication to camp.
6. Parent / Guardian is responsible to notify the camp if any changes are to be made in the administration of medication to their child.

I give my permission for the Camp Medical Director to administer the following prescribed medications.

PHYSICIAN'S MEDICATION ORDERS:

Medication	Dosage	Frequency / Time to be Taken	Route of Administration

Signature of Physician

Signature of Parent / Guardian

Printed Name of Physician

Printed Name of Parent / Guardian

Date

Date