AUTHORIZATION & RELEASE FOR ALL 2019 SUMMER PROGRAMS

Required for EACH CHILD attending a Camp Nageela West program

CAMPER NAME (FIRST & LAST)_____ **DOB** _____ **SESSION NAME** _____

ACKNOWLEDGEMENT OF RISK

Camp Nageela has taken reasonable steps to create a physically and emotionally safe environment for all program participants so each camper can enjoy the overnight camp experience. Camp Nageela has also informed me that participation is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. Camp Nageela does not want to reduce our family's enthusiasm for the camping experience, but believes it is important for us to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those activities and resulting risks.

The camping experience involves activities, including but not limited to backpacking, hiking, swimming (pools, lakes, rivers, and other natural bodies of water), challenge ropes course and other wilderness experiences; transport in camp-designated vehicles to and from camp for programs and off-site trips; group living arrangements and social interactions that may be new or unfamiliar to my child. Camp Nageela is located in a mountainous, remote setting with varying weather conditions, plants, wildlife, insects and rugged terrain where access to advanced medical care can be delayed. The above activities and conditions, as well as others not mentioned, can result in personal illness, bodily injury, damage to personal property, or in extreme cases, death.

I am aware of these risks and I assume them on behalf of my child. I understand that risk is inherent in the camp experience and I certify that my child is fully capable of participating in all of the activities camp offers and I authorize my child to participate fully. I further authorize CNW to use all photos or quotes taken during the camp session for online or print promotional purposes.

PARENT AND CAMPER GUIDEBOOK

I have read the Parent Guidebook in detail and discussed it with my child, paying special attention to the following sections:

- Medications
- What Not to Bring
- Covenants & Contracts
- Bunking
- Photos

I have instructed my child on the importance of abiding by the camp's rules, policies, and procedures, including those outlined in the Parent and Camper Guidebook, and all other required forms. My child and I both agree that he or she is familiar with these materials and will abide by them.

FAMILY CONTACT INFORMATION AUTHORIZATION

I hereby certify that all family and other information included in my camper's forms are, to the best of my knowledge, accurate and complete. I authorize Camp Nageela to contact me should any special circumstances arise. In the case of an emergency when I am not available, I authorize Camp Nageela to contact those designated as my emergency contacts, and if necessary, to make decisions based on their discretion.

MEDICAL INFORMATION AUTHORIZATION AND RELEASE

My child's health history is correct so far as I know. My child has permission to engage in all prescribed camp activities except as noted by me and the examining physician.

I hereby give permission to the medical personnel selected by the camp directors to provide routine health care, to administer medication, order X-rays, tests, treatment, and provide or arrange necessary transportation for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above. I grant camp personnel permission to contact my child's therapist (if applicable) regarding medical information in case of an emergency or urgent situation.

I authorize any physician, nurse or other health care provider, to communicate with the medical staff and directors of Camp Nageela or his/her designee, about my child's medical condition, treatment, and/or prognosis. I further authorize the camp medical staff to discuss any medical conditions with the directors, their designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child. I authorize camp staff to dispense common OTC medications (Advil, Tylenol, etc.) at their discretion.

REQUIRED SIGNATURES & ENCLOSURES

By signing below, I certify that I have read and agree to all above authorizations and releases.

Parent Name (print) Parent Signature Date

Second Parent Name (print)* Parent Signature Date

*Both parents' signatures are required if they reside in different households and share joint legal and/or physical custody of the child.

My parent(s) has read the Nageela Camper Guidebook with me, and has reviewed expectations of behavior and participation during my time in a Nageela program this summer. I agree to meet these expectations and to do my best to create a fun, memorable and safe experience for myself, my fellow campers and the whole camp community. I understand that my parent has been required to pay a $50 damage deposit and will get it back upon my successful return home.

Camper Name (print) Camper Signature Date

Please return this form by faxing it to 516-710-7071 or by uploading it at the CampinTouch portal via nageelawest.org

2019 CAMP NAGEELA WEST MEDICAL FORM FOR DOCTORS

Camper's Full Name _____ Program Name_____ Camper DOB (mm/dd/yyyy): _____ ☒ **M** ☒ **F**

I understand this form will be viewed by the appropriate camp and medical staff and may be shared on a "need to know" basis with other camp staff. I give permission to photocopy this form. In addition, Camp Nageela has permission to obta in a copy of my child's health record from providers who treat my child and these providers may talk with the program staff about my child's health status.

Custodial Parent/Guardian Name _____ Custodial Parent/Guardian Signature _____Date _____

Custodial Parent/Guardian Phone Number: (____)_____

MEDICAL PERSONNEL: Please complete all of the information below. Attach additional sheets as needed.

Date of physical exam (mm/dd/yyyy)*:_____ (*The exam must be performed after September 2016, or during the last 6 months if child has endured serious illness.)

EXAMINATION

Height _____ft.___ in. Weight _____ lbs. Blood Pressure____ / _____ Blood Type _____ Glasses/contacts _____

Does this child have physical limitations that would prevent or limit him/her from taking part in any daily or adventure activities, such as hiking, swimming, backpacking, or ropes course ? ☒ **Yes** ☒ **No**

If yes, please explain: _____

_____

Is this child currently taking any medication? ☒ **Yes** ☒ **No**

*Medication Name*_____ *Frequency*_____ *Dosage*_____ Will treatment continue while at camp? ☒ **Yes** ☒ **No**

For what condition does s/he take this medication?_____

Comments or instructions regarding the taking of this medicine while at camp:_____

*Medication Name*_____ *Frequency*_____ *Dosage*_____ Will treatment continue while at camp? ☒ **Yes** ☒ **No**

For what condition does s/he take this medication?_____

Comments or instructions regarding the taking of this medicine while at camp:_____

Please indicate any additional medications on a separate sheet.

Does this child have any allergies, including food, environmental, or medical allergies? ☒ **Yes** ☒ **No**

If yes, please explain allergy, reaction, and effective treatments: _____

_____

Is this child undergoing treatment at this time for any existing conditions? ☒ **Yes** ☒ **No**

If yes, please explain: _____

_____

Does the child have any current physical, mental, or psychological conditions, or other treatments or therapies requiring medication, treatment, or special restrictions or considerations while at camp? ☒ **Yes** ☒ **No**

If yes, please explain: _____

_____

IMMUNIZATION HISTORY*

*Required immunizations must be determined locally. Please record the month/year of basic immunizations and most recent booster. Attach additional sheets as needed.

VACCINES	Date of Basic Immunization	Date of Last Booster
DPT (Diphtheria, Pertussis, Tetanus)		
TD or Tetanus		
Oral Polio (Sabin) TOPV		
Injectible Polio (Salk)		
Measles (hard measles, red measles)		
Mumps		
Rubella		
MMR booster after age 5		
Hepatitis B		
Date of most recent PPD or TB screening		
Other		

I have examined the person described herein and have reviewed his/her health history. I have discussed the camper program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in camp activities, except as noted above.

_____

Physician's Name (PRINT) Signature Title Date

(____)

Address City State/Zip Code Phone

One sheet required for each camper
Please paste in box:

Front of Insurance Card	Back of Insurance Card

Please attach a photo of your child.

Alternatively, you can upload a photo on the CampinTouch portal via nageelawest.org