

Please check the box in front of each non-prescription medications that the Camp Nursing Staff is permitted to dispense your child?

Analgesics – Tylenol or Acetaminophen Equivalent, Ibuprofen

Antihistamines – Chlortrimetron, Sudafed, Benedryl

Antidiarrheals – Kaopectate, Immodium, Pepto-Bismol

Cold Symptoms – Robitussin, Dimetapp, Tylenol

Topical Ointments: Insect Bites – Rhuligel, StingEase Sunburn – Solarcaine, Rhulicream
Poison Ivy/Oak – Calamine Lotion, Rhuligel

Is your child allergic to any Medication? Yes No

If yes, please list: _____

Date of your child's last Tetanus Shot? _____

Does your child have any physical problems that would prevent him/her from entering fully into the camp program? Yes No

If yes, please describe: _____

MEDICAL INSURANCE INFORMATION

Name of Insurance Company _____

ID # _____ Group # _____ HMO Plan Yes No

Name of Subscriber _____ Relationship _____

Place of Employment _____

Employer's Address _____

Note: In the event of an emergency illness or injury requiring medical attention, the parents' insurance will provide the primary coverage.

To Parent or Legal Guardians: Your signature below gives your child permission to attend camp and authorizes the Director or his representatives to secure proper diagnosis and treatment for any emergency illness or injury from a local hospital and/or physical.

Signature of Parent / Guardian _____ Date _____

Harrisburg Area Confirmation Camp
Acknowledgment of Risk – Release and Waiver Form

Name of Participant _____

If the participant is a minor, parent/guardian agrees to the following:

As the parent or legal guardian of the participant:

- I agree that the risk of injury or illness associated with participation in this camp and its activities is present, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury or illness does exist; and, I knowingly and freely assume all such risks, both known and unknown, on behalf of the participant, even if arising from the negligence of the releasee(s) or others, and assume full responsibility for the participant, and, I willingly agree to comply with the stated and customary terms and conditions for participation.
- I agree to release and hold harmless, and to waive all rights and claims for damages that I or my spouse may have against the Harrisburg Area Confirmation Camp and its agents, employees, and representatives for any and all injury, damage, liability or loss sustained by the participants, arising directly or indirectly out of participation at the Harrisburg Area Confirmation Camp.
- I authorize the Harrisburg Area Confirmation Camp and its representatives to obtain any medical treatment for the named participant(s) that should appear necessary during his or her participation in the Harrisburg Area Confirmation Camp, and I will be responsible for the payment of any expenses associated with the related illness or injury.

Signature of Parent or Legal Guardian _____ Date _____

If the participant is an adult, the participant agrees to the following:

- I agree that the risk of injury or illness from activities associated with participation in this camp and its activities is present, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury or illness does exist; and, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasee(s) or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions of participation.
- I agree to release and hold harmless, and to waive all rights and claims for damages that I or my spouse and our agents, successors and assigns may have against the Harrisburg Area Confirmation Camp and its agents, employees, and representatives for any and all injury, damage; liability or loss sustained by the participant, arising directly or indirectly out of participation at the Harrisburg Area Confirmation Camp.

By signing this document, I agree that there are risks associated with any extra-curricular activity, and I affirm that I have the right to authorize and agree to the foregoing, that I have carefully read and understand this agreement, and that I willingly placed my signature below as evidence of my acceptance, without reservation, of all the conditions contained herein.

Signature of Adult Participant _____ Date _____