



Camper / Staff Name _____ Gender _____ Date of Birth _____ Age on Arrival at Camp _____
 Address _____ City/State _____ Zip _____
 Home Phone _____ Cell _____ Corps _____

Parent/Guardian Name _____ Relationship _____
 Address _____ City/State _____ Zip _____
 Home Phone _____ Cell _____ Email _____

Emergency Contact (if parent/guardian cannot be reached)
 Name _____ Relationship _____ Phone _____

Insurance Information -	Yes	No	Camper/staff is covered by family medical/hospital insurance.
Insurance company	_____		Phone _____
Policy Number	_____		Group/ID Number _____
Name of Policy Holder	_____		

Health Care Providers
Primary Doctor Name _____ Phone _____
Dentist Name _____ Phone _____

Immunization History – Provide the month and year for each immunization (OR attach a copy of immunization records).

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP or Tdap)					
Mumps, Measles, Rubella (MMR)					
Polio (IPV)					
Haemophilus Influenzae Type B (HIB)					
Pneumococcal (PCV)					
Hepatitis B					
Hepatitis A					
Varicella (Chicken Pox)					
Meningococcal Meningitis (MCV4)					
Tetanus (dT or Tdap)					
Influenza – Seasonal					
Influenza – H1N1					

TB Test Date: _____
 Positive _____ Negative _____

Had chicken pox?
 Yes _____ No _____

If yes, date: _____

General Health History – Check “Yes” or “No” for each statement.

- | | | |
|--|-----|----|
| 1. Ever been hospitalized? | Yes | No |
| 2. Ever had surgery? | Yes | No |
| 3. Have recurrent / chronic illnesses? | Yes | No |
| 4. Had a recent infectious disease? | Yes | No |
| 5. Had a recent injury? | Yes | No |
| 6. Had asthma/wheezing/shortness of breath? | Yes | No |
| 7. Passed out or had chest pain during exercise? | Yes | No |
| 8. Had seizures? | Yes | No |
| 9. Had fainting or dizziness? | Yes | No |
| 10. Had headaches? | Yes | No |
| 11. Had a head injury? | Yes | No |
| 12. Been knocked unconscious? | Yes | No |
| 13. Had frequent ear infections? | Yes | No |
| 14. Had high blood pressure? | Yes | No |
| 15. Have problems with diarrhea/constipation? | Yes | No |
| 16. Have a history of bedwetting? | Yes | No |
| 17. Have problems with falling asleep/sleepwalking? | Yes | No |
| 18. Wear glasses, contacts, or protective eyewear? | Yes | No |
| 19. Ever had back/joint problems? | Yes | No |
| 20. Have any skin problems? | Yes | No |
| 21. Have diabetes? | Yes | No |
| 22. Had “mono” in the past 12 months? | Yes | No |
| 23. Traveled outside the country in the past 9 months? | Yes | No |
| 24. Have problems with periods/menstruation? | Yes | No |
| 25. Have an orthodontic appliance being brought to camp? | Yes | No |

Mental, Emotional, & Social Health History –

- Check “Yes” or “No” for each statement.
- Ever been treated for attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?
 Yes _____ No _____
 - Ever been treated for emotional or behavioral difficulties or an eating disorder?
 Yes _____ No _____
 - During the past 12 months, have you seen a professional to address mental/emotional health concerns?
 Yes _____ No _____
 - Had a significant life event that continues to affect camper/staff’s life (abuse, death, divorce, adoptions, foster care, new sibling, etc.)?
 Yes _____ No _____

Standing Medication Orders – The following non-prescription medications may be stocked in the camp and used on an **as needed basis** to manage illness or injury. My child has permission to take or use the following:

- | | |
|------------------------|------------------------------|
| Tylenol/Acetaminophen | Sudafed/Decongestant |
| Benadryl/Antihistamine | Swimmers’ Ear/Alcohol |
| Tums/Antacid | Vinegar Solution |
| Advil/Ibuprofen | Topical creams and ointments |
| Pepto Bismol/Imodium | |
| Robitussin/Expectorant | |



Camper / Staff Name _____ Corps / Unit _____

Diet & Nutrition (List dietary restrictions)

Eats a regular diet Eats a regular vegetarian diet

Has special food needs or allergies (describe below)

Allergies – List all allergies and reactions

No known allergies

Medications Medications that will need to be administered at camp **MUST** be in the original container and include camper/staff's name, dose, and frequency. All medications will be dispensed as directed on the bottle. Any changes require a doctor's letter.

No medications

Restrictions – List all activity restrictions

I have reviewed the program and activities of the camp and feel I can participate without restrictions.

I have reviewed the program and activities of the camp and feel I can participate with the following restrictions or adaptations:

Past Medical/Surgical History

Current Medical Treatment

By signing and dating below, I am indicating that this health history is correct and accurately reflects the health status of the person to whom it pertains. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both health care and emergency situations. In the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for my child. I give permission to the camp to arrange necessary related transportation for my child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain 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.

I understand that my consent is valid for *(please check the statement below that applies to you)*

 the duration of my child's employment the duration of my time spent at camp as a participant

I understand that I may revoke this consent at any time by contacting the appropriate Salvation Army representative except when action has already been taken to obtain and/or release such information. My signature on this release indicates that I have read the above, and I understand the terms and conditions.

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Permission/Waiver Form for The Salvation Army Day Camps



Camper Name: (Last)

Camper Name _____ Gender Male / Female

Parent(s) and/or legal guardian(s) of child participant _____

Address _____
Street address City State Zip

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

Age of Child (at camp) _____ Birth Date _____ Rising Academic Grade _____

Consent to Publication by The Salvation Army (Photography, Film, Text, Audio)

- I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name (or my child's name), signature and likeness, and any portraits, pictures, photographic prints or other representations of me (or my child), or in which I (or my child) may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my (or my child's) name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me (or my child), or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my (or my child's) name or photograph to the use of any organization or person.
- I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.
- I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.
- I understand that The Salvation Army is not responsible for private individuals placing photos on Facebook or other such media.

Approved: (Must choose Yes or No) Yes No

Printed Name of Parent/Guardian OR Adult Participant _____ Signature of Parent/Guardian OR Adult Participant _____ Date _____

Parent's Agreement

I have discussed the importance of good camper behavior with my child. I understand that the camp staff will work to help resolve any difficulties in behavior, but that irresolvable behavior problems or behavior that threatens the safety or well-being of other campers will result in a child being dismissed from camp. If my child is asked to leave camp early due to irresolvable behavior problems, it will be necessary for me to pick up my child from camp if other transportation arrangements with local Salvation Army staff cannot be made

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

Activity Responsibility Agreement

I, the undersigned, understand that there are risks and dangers inherent in participating in The Salvation Army Day Camp. I understand that my child/ward or I, if I am an adult participant, may take part in activities which may include, for a time period of up to one year, transportation, swimming, boating, ropes course, field trips, indoor & outdoor games, air rifling, archery, bicycling and other activities consistent with the purposes of the unit/program. I also understand that in order to be allowed to participate in this activity and associated Activities, I must agree not to hold The Salvation Army liable for any injury or damage which I may suffer while participating in any Activity or going to/from any Activity.

Knowing this, and in consideration of being permitted to voluntarily participate in any Activity, and recognizing the charitable nature of The Salvation Army, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner whatsoever out of any participation in any Activity.

- I understand and agree that I am releasing not only The Salvation Army, but also its officers, agents, and employees. I understand and agree that this waiver/release will have the effect of releasing, discharging, saving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future; whether known or unknown, and whether anticipated or unanticipated by me, whether through acts of omissions by The Salvation Army's personnel or other unrelated third parties or other participants.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.
- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my child/me while participating in any Activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify and hold The Salvation Army, its officers, agents or employees harmless from any and all liability or costs, including attorney's fees, associated with or arising from my child's/my participation in any Activity.
- I understand and agree that if I am signing this waiver/release on behalf of my minor child, which I will be giving up the same rights for said minor as I would be giving up if I had signed this document of my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. In signing below I acknowledge that I have read and understand the words and language in this waiver/release agreement. I understand there are potential dangers incidental to participating in any activity and going to/from any activity. I execute it voluntarily and with full knowledge of its meaning and significance. In accordance with Federal law, I understand that my consent is valid for up to one (1) year from the date of signature. My consent can be revoked at any time upon The Salvation Army's receipt of my written revocation.

Printed Name of Parent/Guardian OR Adult Participant _____ Signature of Parent/Guardian OR Adult Participant _____ Date _____

First

Corps/Unit



DOING THE
MOST GOOD™

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Salvation Army, for locally operated child care programs, has put in place preventative measures to reduce the spread of COVID-19; however, The Salvation Army **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending The Salvation Army child care program could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending The Salvation Army and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Salvation Army child care program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Salvation Army employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at The Salvation Army child care program or participation in Salvation Army child care programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless The Salvation Army, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of The Salvation Army, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Salvation Army child care program.

If a court rules that this Risk and Waiver of Liability is too broad, the Parties agree to modify it to comply with the law so that the intent of the document is maintained.

THIS IS A LEGAL DOCUMENT AND YOU SHOULD CONSULT AN ATTORNEY BEFORE SIGNING, AS YOU WILL BE WAIVING AWAY CERTAIN RIGHTS AND PRIVILEGES.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Name of Salvation Army Participant(s)