**STATEMENT OF PARENT/GUARDIAN**

**Permission Form, Privacy Policy, Release Waiver & Assumption of Risk**

I/We, the parents or guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to attend Johnston Heights Youth Summer Camp 2021 from August 29 - September 3, 2021. I understand that the Johnston Heights Church Youth Staff will do their absolute best to give my youth the necessary support and supervision needed, and I understand that safety and health rules will be observed. I/We hereby give JHY camp personnel the authority to act on my/our behalf in case of emergency, including medical treatment (whereby the parent/guardian will be notified as soon as possible), and I understand that I am financially responsible for any costs incurred. When the camp program involves leaving the camp premises (e.g. waterfront, hiking, etc.), I/We give permission for my/our youth to participate I/We undertake and agree to indemnify and hold blameless the ministry staff, its pastors and Johnston Heights Church from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the camp program including (but not limited to) paintball, climbing tower, zip lining, tubing, wake boarding, and field games as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to this event of Johnston Heights Church.

I/We understand that Johnston Heights Church respects the privacy of personal information that is submitted to them. I/We know that Johnston Heights Church collects information only for the purpose of JHC Student Ministries, discloses it to others only as required, and is committed to protecting it to the best of their abilities. I/We understand that Johnston Heights Church assumes that my/our submission of a registration form represents my/our consent to collect, use and disclose information. I/We also give permission to Johnston Heights Church to use photos and videos of my/our youth for presentations and promotional materials.

**I have read and accept the conditions of the Statement of Parent/Guardian**.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

2nd Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

(If applicable)

### JOHNSTON HEIGHTS YOUTH CAMP MEDICAL FORM

##### Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Care Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent/Guardian (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are your (parents) planning to be away from home during camp?

No Yes

Emergency contact if Parent/Guardian not available\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: Yes / No If Yes, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent exposure to communicable diseases? Yes / No If yes, contact JHC staff promptly.

Tetanus immunization up to date? Yes / No Date of last tetanus immunization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received a Covid-19 immunization? Yes / No

If yes, how many doses: \_\_\_\_\_\_\_\_\_\_ Date the last dose was received?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please note Covid-19 immunization is not required to take part in camp, records of immunization will be used in cases of sudden illness to be given to a healthcare professional.*

Emotional difficulties, fears, or sleep disturbances (ex. Sleep-walking) Yes / No

If Yes, please describe/explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions and/or Chronic Illnesses (i.e. heart disease, asthma, diabetes, epilepsy, bleeding/clotting disorders, etc.) Yes / No

If Yes, please describe/explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of any operations or serious injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### *Regarding Medications:* All medication, vitamins, meal supplements, eye or ear drops and medicated creams to be administered at camp MUST be in original containers. All prescription medication MUST have camper’s name and current dose on the pharmacy label (note: most pharmacies will assist with repackaging in small containers). ALL medications as described above must be handed in to the camp health representative upon arrival at camp (exceptions: emergency asthma inhalers and allergy kits).

Medication or treatment to be administered at camp (please list specific dosages and frequency): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We, the parents or guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the ministry staff of Johnston Heights Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. This health history is correct in so far as I/We know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I understand that each camper must be covered by British Columbia Medical Services Plan or equivalent health insurance and provide JHC with the required signed medical form. I/We understand that any and all medication, vitamins, meal supplements, herbal therapies, eye or ear drops, and medicated creams are to be given to the camp health care representatives upon arrival, in the interest of camp safety. I understand that the use of tobacco, alcohol, and non-prescription medication will not be permitted at camp, and that I must inform the camp promptly if I become aware that my child has come into contact with any communicable disease. I/We understand that all medication to be administered at camp MUST be in original containers, and that all prescription medication MUST have the current dose and the correct name on the pharmacy label. These guidelines MUST be followed in order for any medication to be administered at camp as per the Registered Nurses’ Association of B.C. standards for medication administration. I/We authorize the camp staff to order x-rays, routine tests, and/or treatment, and to provide/arrange necessary related transportation for my child in the need of an emergency. I/We authorize the administration of any first aid treatment necessary at camp, and in the case of a medical emergency, give permission to the physician involved to hospitalize and/or secure proper treatment for my youth. Every effort will be made to contact parents or guardians in this event. JHC cannot accept the cost of any prescription filled while at camp.

**NOTE: Each person under 18 years of age REQUIRES the signature of a parent/guardian.**

Camper Signature Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

2nd Parent/Guardian Signature (if applicable) Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_