

INSURANCE INFORMATION

To be used for special tests, X-rays or medical consultation in the event any are needed.

If Medicaid, indicate number

Name of Insurance Company

Address/Phone

If group insurance, specify company

Name of parent/guardian who insures child

(Please include a front & back copy of insurance card.)

PICK UP AUTHORIZATION:

First Name

Last Name

First Name

Last Name

Persons NOT Authorized:

First Name

Last Name

Proper Photo ID will be required when picking up camper. If there is any change in who will be picking up your child please remember that they will only be released to persons you have listed.

CONSENT FOR EMERGENCY & OUTPATIENT TREATMENT

This child has been left in the care and custody of Candlelighters of West Texas/ So. New Mexico/Camp Courageous/Camp Bravo. The undersigned parent/guardian hereby grants permission to the medical staff or consulting physicians at Camp Courageous/Camp Bravo to administer medication and provide medical care for my child, including any medical emergency care required. I also give my consent for any emergency transportation deemed necessary.

PHOTO & INFORMATION RELEASE

I give Candlelighters of West Texas/ So. New Mexico/Camp Courageous/Camp Bravo to photograph and use pictures or video tapes and audiotapes of my child in professional and fund raising activities. The philosophy of Candlelighters West Texas/ So. New Mexico/Camp Courageous/Camp Bravo is to photograph children infrequently. On occasion, with permission, camper photographs may be included in the bulletin board, video, newsletter and/or camp yearbook. The camp respects and does not allow unauthorized visitors to photograph the camp or campers.

RELEASE OF LIABILITY

The undersigned parent/guardian understands that occasionally accidents occur during camp activities and that participants may sustain personal injury and property damages as a consequence thereof. Knowing the risk of camp activities, nevertheless, and in consideration of my child's acceptance for participation at camp, the undersigned hereby agrees to assume those risks and to hold harmless Candlelighters of West Texas/ So. New Mexico/Camp Courageous/Camp Bravo and Camp Tall Pines at Mayhill, New Mexico, all camp agents, representatives, employees, and volunteers, from any and all liability, claims for personal injury and/or property damage, cost, expenses, and damages arising out of or connected in any way with my child's participation in camp activities. Further, the undersigned acknowledges that Candlelighters of West Texas/So. New Mexico/Camp Courageous/Camp Bravo and Camp Tall Pines at Mayhill, New Mexico accept no responsibility for the loss, damage, or theft of my child's personal property.

Parent/Guardian Signature

Date

Signature of Witness

Date

HEALTH RECORD

HEALTH HISTORY (please check):

Disease

- Chicken Pox**

- Measles**

- German Measles**

- Mumps**

Allergies

- Hay Fever**

- Asthma**

- Drugs**

- Insect Stings**

- Ivy, Oak, Etc.**

- Foods**

Chronic/Recurring Illness

- **Ear Infections**

- **Heart Disease**

- **Convulsions**

- **Diabetes**

- **Behavior**

Operations or serious injuries (please include dates):

Hospitalizations:

Other diseases or details of above:

Please make any necessary comments regarding the following:

- Fainting**

- Bed Wetting**

- Constipation**

- Sleep Disturbances**

- Menstruation**

- Other**

Special activities to be restricted (if any):

Special medical or dietary regimen to be followed (specify):

IMPORTANT! PLEASE INCLUDE A COPY OF THIS CHILD'S IMMUNIZATION RECORD FOR THIS FORM.

Parent/Guardian Signature

Date

MEDICATION PERMISSION FORM

Sometimes a child needs medication for aches and pains. Please indicate if the camp staff may administer the following to your child.

- Tylenol**
-

- Pepto-Bismol**
-

- Benadryl**
-

- Peroxide (for cleaning wounds)**
-

- Other non-prescription medication**
-
-
-

Candlelighters of West Texas/ So. New Mexico/Camp Courageous/Camp Bravo take health and well being of our campers very seriously. All medical issues, even minor complaints and scrapes, are brought to the attention of our Medical Team. Parents are not notified of the occasional stomachache or headache unless the camper's not feeling better within 12 hours. We will always notify parents right away any time there is a serious injury, fever, or if a camper is not responding to treatment for common complaints.

Parent/Guardian Signature

Date

CODE OF CONDUCT

As a Parent, Guardian and/or Camper, I/we understand that the Camp Courageous/Camp Bravo and associated activities are a gift from Candlelighters of West Texas/ So. New Mexico for participating cancer patients (on or off treatment), accompanying Camp Staff and Medical Personnel.

The welfare of each child is the number one priority!

I understand that Candlelighters of West Texas/ So. New Mexico requires the following from all who will be participating in Camp Courageous/Camp Bravo:

- All Campers are expected to conduct themselves in a polite manner, participate in all planned group activities, and refrain from the use of profane language during Camp Courageous/Camp Bravo.
- Candlelighters of West Texas/ So. New Mexico prohibits the consumption of alcohol, recreational drugs or tobacco at any time during Camp Courageous/Camp Bravo.

Any Camper found in violation of these policies will be requested to leave this event. This action, when taken by Candlelighters of West Texas/ So. New Mexico, will cancel the official invitation extended to the parties involved and will terminate their further involvement in the Camp Courageous/Camp Bravo and other Candlelighters of West Texas/So. New Mexico events/activities.

As a Parent, a Guardian and/or Camper, I/we have reviewed the Code of Conduct and agree to abide by the Code of Conduct during this event. If a Camper commits a violation, Candlelighters of West Texas/ So. New Mexico will make immediate arrangements for that individual to return home.

Parent/Guardian

Date

Camper

Date

MEDICATIONS

Please send all medications necessary for your child while at camp. The medical staff will store and administer medications as directed by you. The camp physician will directly supervise the administration of injected medications.

Drug Name & Strength

Dose

Frequency

Please indicate any special ways to give medications. Include information about medications used to prevent nausea, vomiting, and pain management if applicable.

Please indicate any further information about the child's medical needs that you feel we should know.

CATHETER CARE

Fill out this form only if your child has a central line or catheter (Broviac/Hickman), portacath, etc.)

Type of Catheter:

- External (Broviac/Hickman)

- Internal (Poracath/Infusaport)

- Other

How often is it flushed with heparin?

What amounts and strength of heparin is used?

When is cap changed?

Does this child do any or all of their own catheter care?

Special Instructions

Parent/Guardian Signature

Date

PHYSICAL EXAMINATION

Please have your child’s physician fill out this section completely. It is required that all participants have physical exams.

- **Height**

- **Weight**

- **BP**

The applicant is under the care of a physician for the following conditions:

Treatment to be continued at camp:

Any medically prescribed meal plan or dietary restrictions

Description of any limitation or restriction on camp activities

Additional information for health care staff at camp:

Known Allergies

I understand that Candlelighters of West Texas/ So. will have authorization papers signed by each Parent/Guardian or Legal Adult Camper, giving permission for me to release medical information to Candlelighters of West Texas/ So. New Mexico/Camp Courageous/Camp Bravo to ensure the safety of the child during Camp Courageous/Camp Bravo.

The child is my patient and has received a medical checkup and clearance prior to the start date of Camp Courageous/Camp Bravo and I hereby give my permission for his/her participation in the activities related to this event.

Should any medical emergency arise during this activity, I have provided the telephone number where I may be reached for medical consultation concerning the welfare of my patient.

Physician's Name (print)

Physician's Signature

Date

Phone



As a Parent/Guardian, I hereby certify that my child has my approval to participate in camp. As Parent/Guardian, I have not provided the required medical release form from licensed medical personnel. As Parent/Guardian, I take full responsibility and am aware of the risks that may be associated with my actions. As Parent/Guardian, I hereby release Candlelighters of West Texas/ So. New Mexico, its employees, volunteers, agents or medical personnel, Camp Tall Pines, its employees, volunteers, agents or medical personnel from any responsibility or liability for any accident, injury, illness, death and/or other damage, and evidence such release by signing this form in the space provide.

Child's Name (Print)

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date