

EMERGENCY CONTACT		MEDICAL PROCEDURES	
Camper Name:		If a parent/legal guardian cannot be reached in an emergency, please notify:	
EMERGENCY CONTACT #1Name		Phone:	
EMERGENCY CONTACT #2 Name		Phone:	
NOTE: Camp medical personnel will screen each camper upon arrival at check-in. In the event of illness (contagious and/or viral) or existing injury, camp personnel will be notified immediately		Each camper will be screened for lice before being admitted to camp. If lice are detected no treatment will be administered by representatives of Camp Boothe; therefore, the camper will not be allowed to check-in. Legal guardian has the option to treat the camper off campus and return for a re-check within 24 hours.	

MEDICAL DATA	
Indicate recent illnesses, medical complications, surgeries, and any known allergies (bee, food, etc.) or physical limitations	List the name, dose and frequency of medication the camper takes on a regular basis
Any specific activities to be restricted?	

MEDICAL INFORMATION	
POLICY HOLDER NAME:	I further understand that my medical insurance company will serve as the Primary Coverage. All medical treatment and records are strictly confidential and are to be accessed by proper personnel only.
INSURANCE CO:	
POLICY NUMBER:	

CONSENT & RELEASE STATEMENT
<p>Please read and initial each statement and sign at the bottom.</p> <p><input type="checkbox"/> I give consent for my child to participate in all activities at Camp Boothe.</p> <p><input type="checkbox"/> I give consent for Camp Boothe to utilize any or all photographs and/or video footage taken of the camper or a staff member for promotional use or advertisement.</p> <p><input type="checkbox"/> In the event that I or my child named above becomes ill or is injured while under the supervision of Camp Boothe, I authorize camp authorities to do the following: (1)Contact the parent / legal guardian of the camper (campers under the age of 18) and follow his/her instructions; (2)In case of an emergency, when neither parent nor legal guardian can be reached immediately, camp authorities are authorized to use the best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care; (3)By this CONSENT, I appoint the proper camp authority as my attorney-in-fact for the purposes herein stated.</p> <p><input type="checkbox"/> Camp Boothe may provide first aid and basic nursing care to my child. The nurse may treat with the following medications: oral medications include: Acetaminophen (pain reliever) Diphenhydramine (allergy relief), Ibuprofen (pain/fever) Sore throat lozenges, Topical Medications, and treatments: itch relief, antibiotic ointment, bandages, muscle soreness, sunburn relief, pain relief spray, swimmers ear treatment, rash, and abrasion cream. I am attaching any special instructions in regard to my child's allergies, medications, or specific needs, to this form.</p> <p><input type="checkbox"/> I understand that my child must be free from COVID19 symptoms and, should symptoms develop while in the care of Camp Boothe, my child will be separated from the rest of the people at camp. I will be contacted and my child must be picked up within three hours of my being notified. I further voluntarily agree that Camp Boothe may monitor my child for symptoms of COVID19 included by not limited to fever of 100.4* fahrenheit or higher, shortness of breath, chills, dry cough, sore throat and muscle aches.</p> <p><input type="checkbox"/> I will immediately notify Camp Management if I become aware of any persons with whom my child or I have had contact who exhibit any symptoms of COVID19, are advised to self isolate, quarantine, or has tested positive for COVID19.</p> <p><input type="checkbox"/> I VOLUNTARILY AGREE TO ASSUME ALL OF THE FORGOING 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) MY EXPERIENCE OR INCURE IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT CAMP OR PARTICIPATION IN CAMP PROGRAMMING ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CAMP, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVE, OF ANY 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 CAMP, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES WHETHER COVID19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY CAMP PROGRAM.</p> <p><input type="checkbox"/> In consideration of Camp Boothe, Inc. making available Camp Boothe and for the other benefits that I or my child receive, I do hereby release and discharge The Church of God of Prophecy, Camp Boothe, Inc., Camp Boothe, its agenda, employees, and staff from all liability of any kind or nature, claim, demand or cause of action which might be asserted. I understand that this is a RELEASE and with that knowledge, I voluntarily sign it.</p>

Parent/Legal Guardian/ Camper (age 18 and older) printed name _____

Signature _____ Date _____

Office Use Only

Amount Received _____ Cash _____ Check # _____ Date Received _____ Balance Due _____