

CAMP ELACHEE
EMERGENCY, MEDICAL AND PICK-UP AUTHORIZATION

Information must be completed in full, signed, and returned to Elachee before camp. Elachee does not provide camper insurance – please indicate medical insurance information in the space provided. Elachee reserves the right to ensure the safety of campers and staff and to discontinue camp attendance of individual campers if necessary. Elachee is exempt from licensing through Bright From the Start.

Name of Camper _____ List Dates attending _____

Home Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone# _____ Cell Phone# _____

Name of Mother's Employer _____ Work Phone# _____

Father's Name _____ Home Phone# _____ Cell Phone# _____

Name of Father's Employer _____ Work Phone# _____

Alternate Emergency Contact Person _____ Work/Home/Cell# _____

Child's School _____ Entering Grade _____

Birthdate _____ Age at camp _____ Sex: Male/Female Height _____ Weight _____

MEDICAL INFORMATION

Insurance Company _____ Policy Holder _____

Relationship to Child _____ Policy Number _____

Doctor's Name _____ Phone _____

YES

NO

- | | | |
|-------|-------|---|
| _____ | _____ | Does your child have any allergies? |
| _____ | _____ | Has your child ever had an allergic reaction to an insect bite, bee sting, etc? If yes, fill out Medication Permission Form with instructions for treatment and provide appropriate medication. |
| _____ | _____ | Has your child ever had a seizure? |
| _____ | _____ | Any recent operations, illness or exposure to infectious diseases? |
| _____ | _____ | Is your child taking any medications? If so, please describe below, discuss with counselor and fill out a Medication Permission Form if medicine is to be administered during camp hours. |

Date of last tetanus inoculation _____

If you answered "YES" to any of the questions above, please give full details here:

Camp Elachee Staff is dedicated to providing the best possible camp experience for your child. Is there anything else you would like us to know about your child – special needs, fears, etc.?

PICK-UP, PHOTO AUTHORIZATION

Please provide the names of all individuals authorized by you to pick up your child (include parents, relatives and carpool friends)

List anyone NOT authorized to pick up your child _____

Capturing photos of the children in camp activities is a standard practice. May we have your permission to include your child in these photos? YES _____ NO _____

In the event I cannot be reached in an emergency, I hereby grant permission to the physician selected by Elachee Nature Science Center to hospitalize, obtain medical records, secure proper treatment for, and order injection, anesthesia, or surgery for my child/ward if necessary. I understand that all health expenses will be the responsibility of the parent/guardian and hereby grant permission to Elachee to give necessary health insurance information to the physician selected. My signature below indicates that I have read and understand the procedures outlined on this health form as well as the enclosed parent letter and the covenant not to sue form.

Signature and Date _____

**ELACHEE NATURE SCIENCE CENTER
COVENANT NOT TO SUE**

Gainesville, Hall County, Georgia

FOR AND IN CONSIDERATION OF the sum of \$1.00 and in further consideration of the ELACHEE NATURE SCIENCE CENTER, INC. allowing _____ (name of child) to participate in the activity hereinafter stated, and for other good and valuable consideration, KNOW ALL MEN BY THESE PRESENTS, that _____, mother of _____ (name of child) and _____ father of _____ (name of child), do hereby agree and covenant not to institute, cause or bring any claim, suit, action at law or action in equity against ELACHEE NATURE SCIENCE CENTER, INC., and/or ELACHEE NATURE SCIENCE CENTER, INC.'S TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND SERVANTS, for any claim which the undersigned or child may have or may hereafter have against the above named parties by reason of any damage, loss or injury to the above named child as a result of said child engaging in CAMP ELACHEE and any practices or activities incidental thereto;

We the undersigned agree to pay, protect, indemnify and hold Elachee and its staff, agents, volunteers, and directors harmless from and against all liabilities, damages, costs, expenses and claims of any nature whatsoever arising from, by reason of, or in connection with any injury or death of persons or damage to property arising from, by reason of, or in connection with our child's participation in this activity.

I/We further understand that such activities require all participants to be in good health and without physical limitation, and I/we certify that my/our child is in good health and has no physical limitations except as stated on the Camp Elachee Emergency, Medical and Pick-Up Authorization form.

The undersigned expressly reserves all rights of action, claims, and demands against any and all other persons not herein named, including those against any insurance carrier by reason of vehicular accident.

WITNESS our hands and seals, this _____ day of _____, 20_____.

Name (print)

Signature

Executed in the presence of _____

Note: Document must be witnessed by another adult...Seal of a Notary is not required. No child will be admitted to Camp Elachee without a completed "Emergency, Medical and Pick-up Authorization" form and the "Covenant Not to Sue" Form completed and ON FILE AT LEAST TWO WEEKS BEFORE YOUR CHILD ATTENDS CAMP.