

Name of Camper _____
 Name of Camp _____

SECTION VI: AUTHORIZATIONS

Please initial the following permissions and affirmations to signify agreement:

Initials	
	For camp staff to obtain and consent to medical treatment for my child in case of injury or illness during camp
	For my child to receive the marked OTC medicines below in appropriate dosage and under appropriate circumstances _____ Acetaminophen (temp/pain reliever) _____ Suphedrine (Sudafed/allergy) _____ Ibuprofen (temp/pain reliever) _____ Diphenhydramine (Benadryl/allergy) _____ Loperamide (Antidiarrheal) _____ Guaifenesin (Robitussin/Cough Syrup)
	For Jensen Camp Foundation and its designees to transport my child to off-site activities and/or for health or safety.
	For interviews, photographs, or video footage of my child or myself to be used by Jensen Camp Foundation for promotional purposes
	That medical information submitted with this form is current.
	Required for <u>all</u> campers attending any Jensen Camp Foundation camp: I am aware that my child will be near to or riding horses, which are large animals, can be unpredictable, and can bite, buck and kick. I am aware that participants must be alert when near them and follow all guidelines and procedures concerning their care and handling. As per the Illinois Equine act.

SECTION VII: CAMPER RELEASE AUTHORIZATION

- All campers are to be released only to an authorized person.
- Parents/guardians must complete and sign a form (see below) authorizing release of the camper to anyone other than the custodial parent or legal guardian.
- Identification may be required for release of campers to authorized persons. Authorized persons are to be directed to the camp counselor, dean, or camp director to sign their camper out.
- If a custodial parent requests that a camper *not* be signed out to a noncustodial parent, such a request must be in writing to be kept on file.
- When a last-minute change occurs in who will be picking up a camper, the new instructions are to be verified with the camp director from an authorized person.

I hereby authorize the following persons to pick up my child or children at the end of the session:

Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

My signature below verifies enrollment of the camper named in Section II at the Jensen Camp Foundation/Jensen Woods Camp activity, subject to the conditions and permissions set forth in Section V, VI, and VII.

	/	
Signature of Parent, Guardian, or Adult Participant	Date	Printed Name of Parent, Guardian, or Adult Participant
Person to call in case of emergency		Emergency phone number (with area code)
Alternate person to call in case of an emergency		Alternate emergency phone number (with area code)

This section is completed by the camp nurse/medic when the camper arrives at camp.

Does the camper show any evidence of illness, injury or communicable disease? No Yes (if "yes," attach sheet with explanation)

I have conducted a health screening on the camper, checking for observable evidence of illness, injury, or communicable disease, verifying and updating this health history form, and reviewing/collecting medications to be dispensed during the camp.

Signature of health care worker: _____ Date: _____

This section is to be filled out at time of release of camper.

Printed name of person picking up camper: _____
 Signature of person picking up camper: _____ Date: _____
 Witnessed by: _____ Date: _____

DON'T FORGET! Each registrant *must* mail this form to camp in order to participate!!