

**Seneca-Cayuga Tribe
Youth Summer Camp 2024**

SHIRT SIZE _____

Health Information and Consent Form for Camp

Name: _____ Date of Birth _____

Gender _____ Age _____ Height _____ Weight _____

Custodial Parent's/Guardian's Name _____

Mailing Address _____ City _____ Zip _____

Tribe _____ Degree _____

E-Mail Address _____

1st Parent Home Phone _____ Bus Phone _____ Cell Phone _____

2nd Parent Home Phone _____ Bus Phone _____ Cell Phone _____

Please list any additional parent/guardian phone numbers on a separate paper and attach it to the form.

Emergency Contact (Other than parent _____ Home Phone _____

Business Phone _____ Cell Phone _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Health Insurance Co. _____ Policy # _____

Name of Insured _____ Relationship to participant _____

Medical consent/consent to obtain treatment must be signed by parent/guardian.

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at camp. I give my consent and authorization to the camp director or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me if medical care is needed, and I am responsible for all medical cost incurred in treating my child.

Signature of parent/guardian _____ **Date** _____

Optional: If you wish for religious or other reasons, you may indicate your refusal to consent to certain medical care (i.e. Blood transfusions), as follows: Notwithstanding the above, I do consent to the following diagnostic test or medical treatment for my child: Specify _____

Signature of parent/guardian _____ **Date** _____

WAIVER AND RELEASE: Must be signed by parent/guardian.

I wish to enroll my child in the Program/activity referred to above at Seneca-Cayuga Nation Youth Camp. I recognize that some of the activities including high and low ropes course at camp involve physical risk, including the risk of serious injury or death. I hereby agree on behalf of my child and myself, to assume all the risks in connection with my child's attendance, including travel, except in the case of gross negligence or willful misconduct. I hereby agree to release, hold harmless and indemnify the Seneca-Cayuga Tribe, its officers, agents, employees, and assigns, against all loss, liability, damage, and expense caused by or connected with my child's attendance at Seneca-Cayuga Tribal Summer Youth Camp. It is understood that the intent of this provision is to absolve and protect the Seneca-Cayuga Tribe, its agents, employees and assigns, from any and all loss, liability, risk of bodily injury, death, of property damage due to my child attendance at the Seneca-Cayuga Tribal camp, including, but not limited to, the basic negligence of Seneca-Cayuga Tribal or its officers, agents, and assigns, or otherwise while my child is in attendance. I understand that in the event of an illness or behavioral problem, I may be required to pick up my child. I affirm that I have read and understand this document. I understand that I b using best judgment the Seneca-Cayuga Camp Director, Administrative staff, or nursing staff determine that it is negatively impacting the child's physical or emotional safety or the physical or emotional safety of other campers, for m child to remain in camp. I will be responsible for picking up my child from camp and/or camp sponsored trip.

Signature of parent/guardian _____ **Date** _____

PROMOTIONAL RELEASE:

In consideration for permitting my child to attend the Seneca Cayuga Nation Camp, I, the legal parent or guardian of the child, hereby grant to Seneca Cayuga Nation Youth Summer Camp, its official, staff, agents, employees, successors, and successors, and assigns the right to use, publish, cop, or otherwise use for any and all purposes (including advertising) any photographic image, portrait or photographic likeness (in whole or in part, in composite or distorted form, in conjunction with my child's name or a fictitious name, or reproductions thereof, or in color or otherwise, made through any medium) and/or, any and all images and statements of/by/about, my child during any part of the camp experience in hard copy, digital, recorded, or whatsoever form. I hereby waive any right that I or my child may have to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied. I release and discharge any photographer and the grantee and all person acting under their permission or authority from any liability by virtue of any blurring distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the pictures, or in any processing tending toward the completion of the finished product, unless it can be shown that they and publication thereof were maliciously caused.

Signature of Parent/Guardian _____ Date _____

IMPORTANT HEALTH INFORMATION (To be completed by parent or guardian), Please complete in full.

- 1. Allergies: Food, drug, or other allergies (insect bites, pollen)? _____ If Yes, What _____
Type if reaction: _____
- 2. Any existing medical or behavioral conditions (physical, mental, or emotional)? _____

- 3. Any factor that makes it advisable for your child to limit program of physical activity, i.e. heat condition, recent fracture, surgery, asthma, or fears? _____. If yes, describe _____

- 4. Is your family experiencing any stressful situation (i.e. serious illness, death) that might be a concern to your child at this time? _____

PERMISSION TO ADMISTER OVER THE CONUNTER MEDICATIONS. Some of the over-the-counter medications available at camp for occasional use as needed. Please initial the medications your child may receive without additional notification to you and sign on the parent/guardian line.

- | | | | |
|---------------------------------|--------------------------------|------------------------|----------------------|
| For headache/minor pain: | Other topical products: | For poison ivy: | Insect stings |
| ___ Tylenol | ___ Insect repellent | ___ Calamine lotion | ___ Benadryl |
| ___ Advil | ___ Sunscreen | ___ Caladry lotion | |
| For stomach/bowel upset | ___ Hydrocortisone ointment | ___ Benadryl capsules | |
| ___ Milk of magnesia | ___ Benadryl anti-itch gel | | |
| ___ Tums | | | |
| ___ Maalox | | | |

I authorize the camp nurse or designee to assess the need for and appropriately administer the above checked medications.

Parent/guardian signature _____ Date: _____

IF YOUR CHILD IS BRINING NON-PRESCRIPTION (over the counter) MEDICATION TO CAMP, PLEASE COMPLETE AND SIGN THIS SECTION. MEDICATIONS THAT ARE NOT IN THEIR ORIGINAL CONTAINERS.

Medication (s) Name _____ Reason for Administration _____