

The State of Colorado requires each camper/staff member to have a medical examination by a licensed doctor of medicine or nurse practitioner within twenty-four months of the camp date.

Please fill out the first 3 pages with parent signatures. Page 4 is to be filled out by the doctor.

GS1 GS2 GS3 MS1 MS2 MS3 CoW1 CoW2 VAR HS TRAIL CANOE STAFF

Camp Elim Camper and Staff Health Form

This form **MUST BE FILLED OUT COMPLETELY** before camper or staff member may be admitted into camp.

- Camper (Staff Member) Name:** _____
Gender: _____ Age: _____ Height: _____ Weight: _____
Birthday: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
- Parent/Guardian Name:** _____
Cell Phone(s): _____
Place of Employment: _____
Business Address: _____
City/State/Zip: _____
Business Phone: _____
- Doctor's Name:** _____
Address: _____
City/State/Zip: _____
Phone: _____
- Dentist's Name:** _____
Address: _____
City/State/Zip: _____
Phone: _____
- Emergency Contact** if parent/guardian is unreachable.
Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____

Parent/Guardian Consent to Medical, Dental, or Hospital Care

I, _____, am the parent or legal guardian of _____
(Name of Parent/Guardian) (Name of Minor)
(hereinafter "my child").

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

I understand that in the case of an emergency, every effort will be made to contact a responsible parent or guardian of the camper. In the event that contact cannot be made, I hereby give permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operations as may be urgently necessary for my child. In the event of a claim, family insurance (if any) will be liable.

I hereby authorize Camp Elim's physician to act as the prescriptive authority for my child while he/she is at camp. I understand that the Doctor's standing orders are available for my inspection upon request.

Signature of Parent/Guardian or Staff Member Date: _____, 20____

Printed name of Parent/Guardian or Staff Member

Activities Statement

Please read and indicate your consent to each item below by initialing the space provided and signing below:

_____ I hereby give my permission for my child to attend Camp Elim and to participate in all camp activities. I give permission for this child to participate in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles. I will not hold Camp Elim or its agents liable for injury caused by common accident, illness or the rendering of emergency care.

Signature of Parent/Guardian or Staff Member Date: _____, 20____

Printed name of Parent/Guardian or Staff Member

Please note any exceptions to the above here:

***Adult campers and staff members should sign and date
ALL sections for themselves.**

