

Community Covenant

St. Crispin's Summer Camp

What Everyone Expects of Everyone Else

Everyone will

- *Be present at all planned activities.
- *Abide by the established curfew.
- *Refrain from the use of CD players, radios, I-pods, cell phones

The Big "No-No's"

There will be . . .

- *No possession or use of alcohol or illegal drugs.
- *No inappropriate sexual behavior.
- *No firearms, knives, or fireworks.
- *No possession or use of tobacco products by any one under the age of 18.

This is an agreement I have made, and I promise to adhere to these non-negotiable "No-No's" while I am at St. Crispin's. I understand that if I choose to break any of the above rules, I agree to go home.

Camper Signature:

Date:

I understand that if my child has to be picked up due to breaking the rules, it will be done at my own expense. I also agree to pay for any damages to property if it occurs due to willful destruction by my child.

Parent or Guardian Signature:

Date:

This form along with the health form and image release form should be filled out completely and brought to camp on first day your child attends.

St. Crispin's Summer Camp Health Information Form

CAMPER NAME _____ DOB _____ Social Security # _____

Permanent Address _____ Gender M F Home Phone _____

City, State, Zip _____ Parent Cell Phone _____

Food/Drug/Insect Allergies _____

Date of Last Tetanus Shot _____ Height _____ Weight _____

Emergency Contact Information

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Current Prescription and Over-the-Counter Medications - Medications must be provided in the original containers. This includes over-the-counter medications. Children with diabetes must have written insulin administration orders to accompany this health form. Please use back of form for additional medications or instructions.

Name of Medication	Dose	Time(s) to be Taken	Reason for Medication

Specific concerns/physical restrictions/accommodations (e.g. recent changes) _____

Insurance - You MUST provide a copy of the front and back of your insurance card. Please make copies prior to registration.

Policy Holder's Name _____ Relationship _____ Phone Number _____

Policy Holder's Employer _____

Insurance Provider _____ Policy # _____ Plan # _____

Primary Care Physician _____ Physician Phone # _____

Medical Treatment Consent

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed Name _____ Date _____

Staff
Use
Only

Camper

Cabin

Allergies

Last Tetanus

EPISCOPAL DIOCESE OF OKLAHOMA IMAGE RELEASE

In consideration of (name of participant) _____, a minor, being permitted to participate in youth programs, events and activities of the Episcopal Diocese of Oklahoma, Inc., I, (name of parent or guardian) _____ hereby give the Episcopal Diocese of Oklahoma Inc. the right to use photographic, digital and electronic images of (name of participant) _____ for Diocesan purposes, including, but not limited to Diocesan publications, advertising and website.

I hereby waive any right to inspect or approve the finished product in which the image is used.

I hereby release, discharge and agree to hold harmless the Episcopal Diocese of Oklahoma, Inc. and its representatives from and against all claims by or through me arising from the use of the image.

I understand there will be no compensation for the use of the image.

I have read this release before signing and certify that I fully understand it.

Agreed and accepted this _____ day of _____, 200__.

Name of Minor

Name of Parent or Legal Guardian

Address

Phone Number

Signature of Parent or Legal Guardian