

HEALTH FORM AND LIABILITY WAIVER

4302 Bedwell Harbour Rd.
Pender Island, BC
VON 2M1 250-629-3194

Name (Last) _____ (First) _____

Camper Information

Male Female

Age at Dec. 31st this year _____

Date of Birth (mm/dd/yyyy)

Parent(s)/Guardian(s)

Full Address _____

Emergency Contact Information

Daytime Phone (____) _____

Evening Phone (____) _____

If I/we cannot be reached, please contact:

Daytime Phone (____) _____

Evening Phone (____) _____

Medical/Health Information *BC Personal Health # _____

Family Physician _____ Phone # _____

Any food/medication allergies? NO YES (please describe, use reverse of sheet if needed)

Are you on a special diet? NO YES (please describe, use reverse of sheet if needed)

Date of last tetanus shot _____ Immunizations are up to date? _____

Medications Are you currently taking: NO medications **OR** the following medications (supplied, must be given to first aid personnel). Camp staff may dispense these medications to you, as per instructions following.

Medications (name, dosage, instructions for each)

(Please list further medications on reverse of sheet.)

Over-the-counter medications

DO YOU GRANT THE CAMP PERSONNEL PERMISSION TO GIVE THESE OVER-THE-COUNTER MEDICATIONS, IF NECESSARY:

Cough syrup (no codeine) NO YES Pepto Bismol NO YES

Decongestant NO YES Gravol NO YES

Throat lozenges NO YES Chlortripolon[^] NO YES

Tylenol (or generic brand) NO YES [^]an antihistamine

Advil (or generic brand) NO YES

Additional Special Instructions

* You **MUST** include your BC Services Card Personal Health Number to receive care.

PLEASE READ CAREFULLY (MEDICAL RELEASE)

To the best of my knowledge, I am in good health and physically able to participate in all camp activities. I will notify the camp if I have been exposed to any infectious disease during the three weeks prior to camp. In the case of a medical emergency, I understand every effort will be made to contact my parents or guardians (if applicable). In the event they cannot be reached and/or I am unable to respond, I hereby give permission to the camp to transport to medical aid. Also, I hereby give permission to the physician selected by the Director(s) or Nurse/First Aid Attendant, to hospitalize, secure proper treatment, order injection, anaesthesia or surgery. In the event extraordinary transportation, medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and Medical Insurance.

LIABILITY WAIVER

- ⇒ The HBBC leadership reserves the right to dismiss a staff volunteer who, in his opinion, is a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of camp.
- ⇒ I am confident that Hope Bay Bible Camp staff will do their best to offer necessary support and supervision and I understand that the safety and health rules will be observed.
- ⇒ Where the camp program involves leaving the camp premises (eg. overnights, hiking, canoeing, sailing, etc.), I am allowed to participate. (underage only)
- ⇒ I hereby release Hope Bay Bible Camp and its personnel from all claims for damages arising from any accidents or injury caused by my participation in the camp program & activities.
- ⇒ The parent/guardian signing this form are those having legal custody over the child (if underage). Conditions of custody, if applicable, will be fully communicated in writing to the camp including a photocopy of the section of any court order referring to visitation rights.
- ⇒ I give permission for any tasteful photographs or videos of camp activities which may include me to be used in any camp promotional materials and brochures.

Signature of Staff Volunteer X _____ Date _____

Signature of Parent/Guardian X _____ Date _____
(if volunteer is under 19)