

Penn–York Camp & Retreat Center



Medical Form (Note: A Parent/Guardian will need to fill out and hand in this form for every family member who will be attending camp.)

Name of Camper: _____ Date: _____

1. Please answer the following questions.

- Is the camper currently under a Dr.'s care for any medical condition:

- Please list medications that the camper brought with them:

- Does the camper have current Tetanus Booster and Immunizations: Yes NO

- Please list health considerations or special needs that the camper may have:

- Please list allergies:

Note to parents with children at risk of severe allergic reactions: We do not carry Epi-Pen's on site. If your child is at risk for a severe allergic reaction; we need to know, and you need to provide an epi-pen.

2. In order to promote the health and wellness of our campers, please review the following list of medications we have on site to use as needed. If there are any that you do not approve of or that conflict with your child's needs/medications please cross it out, initial it, and discuss alternatives with the camp Health Officer.

■ **Neosporin**® (Minor cuts/bruises) ■ **Diphenhramine/Antihistamine** (Allergy relief)
■ **Ibuprofen/Tylenol** (headache, muscle ache, fever) ■ **Orajel**® (Mouth sores, toothache) ■ **Aloe Vera** (sunburn) ■ **Antacid tablets** (heartburn, upset stomach, indigestion) ■ **Pepto-Bismol**®/ **Imodium** (indigestion, diarrhea) ■ **Suphedrine PE**®/ **Pseudoephedrine** (sinus congestion/pressure)
■ **Cortizone**®/ **Benadryl**® cream/ **Calamine Lotion** (itching skin, poison ivy/poison oak/poison sumac/insect bites/sunburn/other skin irritations.) ■ **Benadryl**® (allergic reactions) ■ **IcyHot**® (Muscle/joint/skin pain relief) ■ **Blistex**® (dry/cracked lips, cold sores) ■ **Cough Drops/ Ricola/ Cepacol, Ichthamol ointment**® (sore throat, post nasal drip) ■ **Visine soothing wipes/saline solution/eye drops/ eye wash solution** (eye complaints) ■ **Swimmer's Ear Drops** (swimmer's ear)



Pick Up: Release Form

This form should be filled out by Parents/Legal Guardians **only** if someone other than the Parent/Legal Guardian will be picking the child up from camp.

I _____ give my permission for _____
Name of Parent/Legal Guardian Name of Child

to be picked up and leave camp, with _____ on the following dates:
Name of adult who will pick up your child

Dates:

If you have additional requirements or legal issues that do not allow the child to be picked up by certain people. Please provide that information here:

Penn-York Camp & Retreat Center
266 Northern Potter Rd.
Ulysses, PA 16948
814-848-9811
www.pennyork.com
pennyork@pennyork.com



Transport Form

In the event of an emergency, I (parent/legal guardian) give my permission to Penn-York Camp to transport my child to a hospital, or to call and authorize an ambulance to transport my child to a hospital. This includes transportation across the Pennsylvania border and to a New York hospital for New York residents.

Agree Disagree

Explorer Camps Only: I (parent/legal guardian) give Penn-York Camp permission to transport my child off campus for offsite trips.

Agree Disagree

Name of Camper: _____ Date: _____

Signature of parent/legal guardian

Print Name of parent/legal guardian

Penn-York Camp & Retreat Center
266 Northern Potter Rd.
Ulysses, PA 16948
Phone: 814-848-9811
Fax: 814-848-7471
Email: pennyork@pennyork.com
Web: www.pennyork.com

Penn-York Camp Adventure Release updated 4/1/17

INTENDING TO BE LEGALLY BOUND HEREBY, I, on behalf of myself, my heirs, executors, administrators, and assigns, do hereby fully waive and release and discharge Penn-York Camp, its agents, employees, successors, and assigns from any and all rights, claims, and actions, arising now and or in the future, out of my participation in Adventure Programing conducted by and / or under the auspices of Penn-York Camp. For the purposes of this Consent and Release, the term Adventure Programing shall be deemed to include, but not be limited to, high and low challenge course activities, rock climbing, rappelling, summer camp activities, cycling, canoeing, rafting, inflatable kayaks, hiking, swimming and water skiing.
_____ (Initial)

I acknowledge the inherent risk in Challenge Course activities. I realize that those risks include but are not limited to falls, equipment failure, bad decision-making, and holds that have become loose or damaged by other climbers. I understand that there are unforeseeable, freakish accidents, and I assume all risks associated with such accidents, even though I cannot foresee them. I agree to advise Penn-York Camp staff if I do any damage or notice any damage. I agree to abide by all the climbing rules, and if Penn-York Camp staff make a specific request of or instruction to me, I agree to comply. _____ (Initial)

I am physically fit and know of no medical or health reason why I should not participate in the Adventure Programing that takes place with Penn-York Camp. _____(Initial)

I agree to assume all risk of personal injury, including paralysis and death, which may occur while I am at Penn-York Camp or involved in any of Penn-York Camp’s Adventure Programing. I hereby release Penn-York Camp, its owners, officers, employees, lessors, insurers, and agents, from all liability for any such personal injury that I may occur. This release even extends to injuries that may occur through the negligence of Penn-York Camp employees or other parties released. _____(Initial)

I agree that Penn-York Camp may use pictures and videos of me for promotional purposes. _____ (Initial)

I understand that there are many different types of climbing and additional skills are needed for these types of climbing that are not offered me at this time. I agree to seek qualified instruction before attempting any additional type of climbing.

Parents and guardians take note!

If I am a parent or guardian of a minor involved in the Adventure Programing at Penn-York Camp, I agree to indemnify and hold harmless Penn-York Camp, and the other parties released, in the event a minor member of my family sues them or any one of them. I understand that this means I will pay all fees, costs, and charges incurred by Penn-York Camp or any other party released, including attorney fees. _____ (Initial)

Camp Directors, Coaches, Scout Leaders, Youth Group Directors, etc., take note!

If I am an adult who is charge of a group of minors and is taking them for Adventure Programing, I agree to have a release like this one signed by a parent of each minor in the group. I understand that if I fail to do so, Penn-York Camp can refuse to let that minor climb or at its option, agree to let the minor climb, but that does so only because I hereby agree to assume full responsibility for the safety of that minor child, and to indemnify and hold harmless Penn-York Camp, and other parties released, if that child is injured and an action is brought on account of those injuries.
_____ (Sign)

This release is a binding legal contract.

I understand that this release is a contract. I sign it of my own free will. I also understand that this contract is sever able; in other words, that if any part of it is held by a court of law to be unenforceable, the rest of it shall survive. _____ (Initial)

Participant Name: (Print) _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

Participant Signature: _____ **Date:** _____

Guardian Signature (if participant is under 18): _____

Accepted by: _____ on behalf of Penn-York Camp



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