

MEDICATIONS:

Please list **All** medications (including over the counter or nonprescription medications) taken routinely. Bring enough medication to last the entire time at camp. **Medications must be in the original packaging/bottle that identifies the prescribing physician** (if a prescription drug) the name of the medication, dosage, and the frequency of administration.

This person takes **NO** medications on a regular basis.

| Name of Medication | Reasons for Taking it | Dose Given & When | Date Started? |
|--------------------|-----------------------|--|---------------|
| | | <input type="checkbox"/> Breakfast dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____ | |
| | | <input type="checkbox"/> Breakfast dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____ | |
| | | <input type="checkbox"/> Breakfast dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____ | |

Mental and Emotional Health: If this individual receives care or takes medication for emotional, learning and/or psychological concerns, provide background information to help us work effectively with this camper or adult: _____

Immunization History: Enter the date each immunization was given.

| Immunization | | | | | |
|--|--|--|---|--|--|
| <i>DPT: Diphtheria, Tetanus, Pertussis</i> | | | | | |
| <i>Td/DT: Tetanus Diphtheria</i> | | | Must be current within past 10 years | | |
| <i>MMR: Mumps, Measles, Rubella</i> | | | Measles booster (prior to 7th grade) | | |
| <i>IVP/OPV: Polio</i> | | | | | |
| <i>HepB: Hepatitis B</i> | | | | | |
| <i>Hib: H, influenzae, type b</i> | | | | | |
| <i>Varicella: Chickenpox</i> | | | History of disease. Yes _____ Year _____ (optional) | | |

Health Center Medications: These medications are stocked by Sonlight, used to help manage common illness or injury. They are administered as directed by our medical protocols. Cross out those which your camper should not be given.

- | | | | |
|---|-----------------------------|------------------------------------|--------------|
| Acetaminophen (<i>Tylenol</i>) | Kaopectate | Loratadine | Tums antacid |
| Calamine Lotion | Ibuprophen | Nix | |
| Chlorpheniramine Maleate (allergy medication) | Generic cough drops | Opcon-A eye drops | |
| Diphenhydramine (Benadryl) | Guaifeesin DM (cough syrup) | Pseudoephedrine (<i>Sudafed</i>) | |

Billing Information For Health Care:

Participants in **Sonlight Summer Camps** (programs sponsored by Sonlight) are covered by limited accident/sickness insurance provided by Sonlight. (Not a major medical policy). Campers and adults attending Sonlight with a church or organization (i.e. rental groups) should check with their leader for details regarding accident/sickness insurance, if any, their organization provides. (Some provide no insurance). Parent/guardians are financially responsible for healthcare given by an out-of-camp provider for any amount not covered by the Sonlight policy. To whom should the out-of-camp provider route the charges for a camper/staff member healthcare?:

Send healthcare bills to: _____

Mailing address: _____

When You Aren't Available—If we cannot reach you, provide contact information for other people who know your child and with whom we can consult. **Two alternate contacts are required by Colorado childcare regulation.**

Alternate contact: _____ Phone: (_____) _____ Relationship to camper: _____

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Authorizations:

There are 4 authorizations below. Please initial each , and then sign and date

Parent/Guardian Authorization for Healthcare:

_____ **(initials)** The health history is correct, and the person described has permission to participate in all camp activities except as noted by me and/or the examining physician. I have received and read the letter from the camp director regarding activities my child/myself might participate in. I give permission for Sonlight staff to administer first aid and/or transport as they see needed and to turn care and transport over to ambulance or search and rescue personal if the need should arise. I give permission to the physician selected by Sonlight to order X-rays, routine tests and treatment for the health of me/my child. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for me/my child. Sonlight has permission to obtain a copy of my/my child's health record from the providers they access to treat my child. I understand that information about me/my child's health will be shared on a "need to know" basis with other Sonlight Camp staff, to include food service staff, and/or counseling staff. I understand that Sonlight is in a rural environment. Treatment for me/my child by a physician may be hours from Sonlight resident camp, and much longer for excursions or outcamps. This form may be photocopied.

_____ **(initials)** I hereby grant permission for my child to participate in whitewater rafting facilitated by Sonlight Adventures, Inc., and contracted to a rafting company. I understand that my child will be traveling by bus to an offsite location for rafting.

Authorization for Photos

_____ **(initials)** I give my permission for the photos taken of me/my child participating in camp activities to be used for the promotional purpose of camp, and Sonlight, to include the website.

Acknowledgement of Risk

_____ **(initials)** I understand that camp can have certain inherent risks, that the mountain environment is different than the city, that situations may arise which will be dealt with differently than in an urban area. I understand that cell phones and other electronic devices may not be used at Sonlight or on the wilderness or backpack trips.

Authorization for Rafting *(For Sonlight camps only. Not all groups that use Sonlight offer rafting)*

Signature of Parent/Guardian or Adult Participant: _____ Date: _____

Health Care Recommendations from a Licensed Physician or Nurse Practitioner:

To Physicians and Nurse Practitioners: This individual has enrolled in a summer camp program at Sonlight Camp, in southwest Colorado. The program is based at 8,000 feet above sea level. The program involves physical activity (climbing wall, mountain biking, archery, white water rafting, hiking). Our healthcare staff will use your information to meet the health needs of the person described. Note that not all healthcare staff are registered nurses; some have only first aid skills. For further clarification of the camp program and activities, please feel free to call: 970.264.4379 or visit our website: www.sonlightcamp.org.

To be completed by a physician or nurse practitioner based on an examination done within 2 years of camp participation.

Date of examination _____ BP _____ Weight _____ Height _____

This individual is under the care of a physician for the following: _____

Recommendations and Restrictions: _____

Physician order for medication (prescription and over the counter) and/or treatment to be administered at camp: _____

Description of prescribed meal plan or dietary restrictions: _____

Known allergies: _____

List activities in which this person should not participate, or have limited participation (describe limitation): _____

Additional information for health care staff at camp, to include significant medical history: _____

Signature of Physician or Nurse Practitioner: _____
Printed Name: _____
Address: _____
Phone: (_____) _____ Date of Signature: _____

Sonlight Nursing Notes

_____ **Screening** conducted according to Sonlight protocols, and significant findings noted.
date/time

- A. Signs/symptoms of illness/injury upon arrival?..... No Yes as noted below
- B. History of exposure to communicable disease?..... No Yes as noted below
- C. Additions or corrections to this health history?..... No Yes as noted below

Screening done by _____

This child may **not** leave camp with the following individual(s): _____

Exit Note Check one of the following:

- Left camp this day with no reported illness/injury **Date:** _____
- Left camp this day with the following problem/concern _____ **Initial:** _____

This problem was told to (name of responsible party) _____

Medications returned to: _____

Sonlight Adventures, Inc.
Acknowledgment of Risks, Indemnification, and Release of Liability
For Sonlight High Adventure Program

Print Participant Name _____

Trip Dates _____ Camp or Group Name _____

Although Sonlight Adventures (A.K.A. Sonlight Christian Camp) has taken reasonable steps to provide me with appropriate equipment and skilled staff, I acknowledge that this activity has risks, including certain risks that cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that Sonlight does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not all, of those risks.

Trips occur at high altitude. Sonlight's backpack base is about 8,000 feet above sea level with trips usually topping out between 12,500 and 13,300 feet. Above 7,000 feet people have a risk of developing a range of high altitude illnesses which can range from headaches and nausea, and in rare cases, death.

Most Sonlight trips take place in the San Juan National Forest, part of which is a remote wilderness area. Sonlight staff are trained in first aid, but if needed, more advanced medical care may be several days away due to lack of communication, difficulty of travel, and environmental factors. Sonlight staff do carry cell phones, however, coverage is very limited in the mountain areas where most trips occur.

Travel is primarily by foot over trails that may be narrow, unstable, unpredictable, slick, or snow covered. Each person will carry a backpack that will include their own personal gear plus some group gear. We strive to keep packs between 40 and 50 pounds. Travel to and from the trail is done by vehicle, and if evacuation becomes necessary, other travel forms including horseback and helicopter may be implemented as seen appropriate by rescue personnel.

Environmental factors can include weather, animals, rapidly moving water, falling and rolling rocks, lightening, and avalanches. Weather can change rapidly and unpredictably from hot and sunny to cold and snowy. Afternoon thunderstorms or hail storms are fairly common in the summer months. Possible injuries or illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

Meals are prepared over gas stoves and open fires. Water often requires disinfection before use. Camping risks and hazards include but are not limited to burns, cuts, wild animals, diarrhea and flu-like illness, falling timber, and falling rocks. Sonlight staff receives training in wilderness travel and first aid but are not infallible. Decisions are made by the Sonlight staff and participants, in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment.

I understand the above description of the risks involved is not complete and that other unknown or unanticipated risks may result in property loss, injury, illness, or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. I have verified with my physician and other medical professional that I have no past or current physical or psychological condition that might affect my participation in the course, other than those described on the Health Form. I agree to release from liability Sonlight Adventures Inc. (A.K.A. Sonlight Christian Camp), its staff, counselors, and Board of Directors. I also agree to indemnify Sonlight Adventures Inc., its staff, counselors, and Board of Directors in the event of a civil suit. I agree that any litigation involving Sonlight Adventures Inc., its staff, counselors, or Board of Directors will occur in Archuleta County, Colorado. I also understand and agree that if any part of this document does not apply, the rest of the document will remain in effect.

I, and my parent(s) or guardian, if I am a minor, have read, understood, had the opportunity to ask questions, and accepted the terms and conditions stated herein.

Signature of Participant: _____ **Date** _____

Signature of Parent(s) or Guardian: _____ **Date** _____
(If participant is under 18 years of age)

Sonlight Adventures, Inc.
A.K.A. Sonlight Christian Camp
Winston and Mary Marugg, Executive Directors
PO Box 536, Pagosa Springs, CO 81147
(970) 264-4379 Fax: (970) 264-4383
www.sonlightcamp.org email:
sonlight@sonlightcamp.org



SONLIGHT CHRISTIAN CAMP BACKPACK/WILDERNESS TRIP POLICIES

Sonlight was founded as a backpack program 30 summers ago. Backpack and wilderness trips continue to be a favorite part of Sonlight. All of our backpack/wilderness/high adventure/ day hikes are conducted on the San Juan and Rio Grande National Forests under a US Forest Service special use permit. Trips are open to all without regard to race, creed, gender, religion, national origin, cookie preference or education.

- Should you have concerns regarding the health of your child, please don't hesitate to call our health care coordinator Mary Marugg RN 970.264.4379 or email mary@sonlightcamp.org.
- **PLEASE, PLEASE, PLEASE** Label all items belonging to your child with a permanent marker or iron-on labels. Sonlight can assume no responsibility for items left at camp. Lost and found items will be kept for two weeks after the conclusion of your week of camp and then donated to the local thrift shop. We will make every effort to return items to their rightful owners, but we need your help. **If you want it back, put your name on it.**
- **ELECTRONIC DEVICES** - Cell phones, pagers, PDAs, Gameboys, and similar devices will not be allowed on a backpack or wilderness trip. Part of our goal at Sonlight is to unplug kids and adults, and experience wilderness.
- Sonlight is licensed by the Colorado Department of Human Services. Should you have a concern about childcare at Sonlight Camp, please contact Winston Marugg, Executive Director, at Sonlight Camp, or you can submit your concerns to:

Department of Human Services, Division of Child Care
1575 Sherman Street, 1st floor
Denver, Colorado 80203-1714
303.866.5958 or 970.259.5465

Should you suspect child abuse, or child neglect, while your child is at Sonlight Camp, please contact Winston Marugg, Executive Director, immediately. You can also contact the Archuleta County Human Services Department:
PO Box 240
Pagosa Springs, CO 81147
970.264.2182
fax 970.264.2186

For more information about Sonlight Christian Camp (our mission, history, staff, directions to camp, awesome pictures of camp, etc.) check out our web site at www.sonlightcamp.org.

If you have any other questions, concerns, or if we can help give us a call at camp. 970.264.4379