

Retreat Contact and Permission Form



Camper Name:

First Middle Last

Male ☐ Female ☐ Age: Birth date:

Bring this form with you to your retreat, or return by

Fax: 877.335.2331

Mail:

Sonlight Christian Camp
PO Box 536
Pagosa Springs, CO 81147

Email: registrar@sonlightcamp.org

Retreat Dates:

- ☐ High School Fall Retreat
☐ Middle School Winter Retreat

Contact Information: We will contact you any time out of camp health care is indicated, or we have a question about your child. Provide the following contact information for us to use during your child's camp week.

Camper lives with: ☐ Parent(s) (single household) ☐ Both Parents (separate households)
☐ Other Relative

Household A:

Custodial Adult A: Custodial Adult B:

Relationship to Camper: Relationship to Camper:

Preferred Phone:() Preferred Phone:()

Alternate Phone: :() Alternate Phone: :()

Street Address:

City, State, ZIP:

Household B :

Custodial Adult A: Custodial Adult B:

Relationship to Camper: Relationship to Camper:

Preferred Phone:() Preferred Phone:()

Alternate Phone: :() Alternate Phone: :()

Street Address:

City, State, ZIP:

Allergies: Check those which apply to this camper.

- ☐ This camper has **no known allergies**
☐ This camper is allergic to this medication
Describe reaction and what is done to manage it:
☐ This camper is allergic to this food(s):
Describe reaction and what is done to manage it:
Severity of Allergy:
☐ This camper is allergic to the following:
Describe reaction and what is done to manage it:

Diet: Sonlight serves family style meals. We can work with some medically prescribed diets, but do not cater to individual food preferences. Call if you have questions about your camper's diet.

- ☐ No red meat ☐ No pork ☐ No eggs ☐ No poultry ☐ No gluten ☐ No seafood ☐ No dairy
☐ Other (describe) If any boxes are checked, please clarify if this is a diet preference, an intolerance or allergy.

Chronic Concerns: Check all that pertain to this camper and describe how you handle at home.

- ☐ This individual has no chronic health concerns and is capable of full participation in camp program
☐ This individual has the following chronic health concerns:
☐ Asthma ☐ Headaches ☐ Sleepwalking ☐ Frequent ear infections ☐ Seizures ☐ Diabetes ☐ Bedwetting ☐ Menstrual cramps ☐ Frequent colds
☐ Other (please describe:)

Information about items above (attach additional information if needed):

Name

Camp or Group

Year

MEDICATIONS:

Retreat participants are allowed to keep, and administer their own 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.

Medication	Reason for Taking it	Dose Given and When	Date Started?

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: _____

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	Resident camp	Generic cough drops	Diphenhydramine (<i>Benadryl</i>)
	Acetaminophen (<i>Tylenol</i>)	Guaifenesin DM (cough syrup)	Chlorpheniramine Maleate (allergy medication)
	NixOpcon-A eye drops	Tums antacid	
	Loratadine (<i>Claritin</i>)	Pseudoephedrine (<i>Sudafed</i>)	
	Ibuprophen	Kaopectate	
	Calamine Lotion	Epinephrine 1:1000	
. Cross out those medications which your camper should not be given.			

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: _____

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

Authorizations: *There are 3 authorizations below. Please initial each, and then sign and date*

Parent/Guardian Authorization for Healthcare:

_____ 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 **(initials)** examining physician. 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 personnel 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 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 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 acknowledge and agree that, pursuant to applicable Colorado law, medical disclosures of a sensitive nature, including those related to the child's sexual activity, might, under certain circumstances, be withheld from me unless the child consents to notification. I understand that Sonlight is in a rural environment. Treatment for my child by a physician may be hours from Sonlight resident camp, and much longer for excursions or outcamps. This form may be photocopied.

Authorization for Photos

_____ 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 **(initials)** Sonlight, to include the website.

Acknowledgement of Risk

_____ I understand that camp can have certain inherent risks, that the mountain environment is different than the city, that situations may arise which **(initials)** 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.

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