



Backpacking Health & Authorization Form

One per participant.

Complete and return this form via fax or email by May 13 so that we have the most recent information on file.

Mail:

Sonlight Christian Camp
PO Box 536
Pagosa Springs, CO 81147

Fax: 877.335.2331

Email:

registrar@sonlightcamp.org

Name: _____
Last First Middle

Male ☐ Female ☐ Age: _____ Birth date: _____

If camper is a minor, complete with Custodial Adult information. Adults, please complete with contact information.

Emergency Contact A: _____ Emergency Contact 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 can work with some medically prescribed diets, but do not cater to individual food preferences. Call if you have questions about our accommodations, please contact Sara Tyler in the Sonlight office (970.264.4379)

☐ 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 and reactions _____

Vaccinations:

Are immunizations up to date for this camper? ☐ Yes ☐ No (Please explain) _____

Date of Last Tetanus shot _____

Has this camper received the COVID-19 vaccine? ☐ Yes (Please complete details below. ☐ No

COVID Vaccine: Date Dose 1 _____ Date Dose 2 _____ Vaccine Brand _____

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	Dosage/Time taken	Date Started
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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 (Tylenol)
Afrin Nasal Spray
Calamine Lotion
Cetirizine (Zyrtec)
Antacid Liquid
Chamomile Tea
Chlorpheniramine Maleate (Robitussin Cough & Allergy)
Diphenhydramine (Benadryl)

Epinephrine 1:1000
Generic cough drops
Guaifenesin DM (Mucinex)
Ibuprofen
Kaopectate
Loratadine (Claritin)
Nix
Opcon-A eye drops

Pseudoephedrine Hydrochloride (Sudafed)
Robitussin Cough & Cold
Tolnaftate (Tinactin)
Tums antacid

Mental and Emotional Health:

Has this individual gone through any significant family changes? (death, divorce, abuse, adoption etc...) ☐ Yes ☐ No

Are there mental, emotional or social concerns that Sonlight healthcare staff should be aware of? ☐ Yes ☐ No

Comments _____

Emergency Contact– Please include one emergency contact who is not at camp with you.

Alternate contact: _____ Phone: (_____) _____

Authorizations: Each adult: *Please initial each authorization below, 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 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

(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

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.

I understand that an inherent risk of exposure to COVID-19 exists in any public place where people are present COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable. While Sonlight will provide every opportunity for social distancing and responsible behavior, you voluntarily assume all risks related to exposure to COVID-19.

I understand that if anyone in my group presents with symptoms consistent with COVID-19 at any time during our stay, we will be asked to terminate our visit and return home.

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

Sonlight Adventures, Inc.
Acknowledgment of Risks, Indemnification, and Release of Liability

Print Participant Name _____

Trip Dates _____ Camp or Group _____

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.
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email: sonlight@sonlightcamp.org
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