

Sonlight Parent/Guardian Authorizations



Camper Name:

First

Middle

Last

Return this form by May 15

Mail:

Sonlight Christian Camp
PO Box 536
Pagosa Springs, CO 81147

Fax: 877.335.2331

Email:

registrar@sonlightcamp.org

Camp

Dates: _____

Name of the camp week:

*For example Junior Camp, Adventure June,
Discovery August, High School 10 Day
Camp, etc.*

Alternate Emergency Contact

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 and place of employment are required by Colorado childcare regulation.**

Alternate contact: _____ Phone: (_____) _____

Relationship to camper: _____

Alternate contact: _____ Phone: (_____) _____

Relationship to camper: _____

Place of Employment (Include City & State): _____

Authorizations: Please initial each authorization below, 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 Rafting

_____ I hereby grant permission for my child to participate in whitewater rafting facilitated by Sonlight Adventures, Inc., and contracted to a rafting (initials) company. I understand that my child will be traveling by bus to an offsite location for rafting. For Sonlight camps only. Not all groups that use Sonlight offer rafting)

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.

Authorization for Sunscreen

_____ I hereby understand that Sonlight Adventures provides SPF30 Broad Spectrum Sunscreen produced by Rocky Mountain Sunscreen for camper (initials) use to protect my child from sun exposure. Campers will be instructed to apply according to the manufacturer's labeled instructions. If I provide sunblock for my child, it must be labeled with the child's first and last name.

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: _____