



Family Camp Health & Authorization Form

One per Family Camp participant.

Return this form by **10 days**
prior to arrival.

Mail:

Sonlight Christian Camp
PO Box 536
Pagosa Springs, CO 81147

Fax: 877.335.2331

Email:

registrar@sonlightcamp.org

Camper 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.

(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 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) _____

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: Family Camp participants are allowed to keep, and administer their own medications. If you would like to keep your medications in a secure area, lock-boxes are available in the Office. 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
------------	----------------------	-------------------	--------------

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: _____