RPG Camp Medical History

* Indicates required question

1. Email *

2. What is your adventurer's name? *

3. Which event is this for? *

4. Does your camper have any allergies to medications? *

   Mark only one oval.

   - Yes
   - No

5. Does your camper have environmental, food, or other allergies? *

   Mark only one oval.

   - Yes
   - No

6. Does your camper have a lifesaving medication like an emergency epi-pen or inhaler? *

Mark only one oval.

- Yes
- No

7. Does your camper have any special dietary needs? (i.e. Gluten Free, Diabetic/Low Sugar Diet, Vegetarian, Food Allergies, etc.) *

Mark only one oval.

- Yes
- No

8. Has your camper had any surgeries or been hospitalized? *

Mark only one oval.

- Yes
- No

9. Does your camper have any physical limitations we should be aware of? *

Mark only one oval.

- Yes
- No

10. Has your camper had any recent injuries we should be aware of? *

Mark only one oval.

- Yes
- No

11. Does your camper struggle with bed wetting? (Overnight Camp only) *

Mark only one oval.

- Yes
- No

12. Does your camper have any special health considerations? *

Mark only one oval.

- Yes
- No

13. Has your camper been diagnosed with ADD / ADHD? *

Mark only one oval.

- Yes
- No

14. Are there any current, significant situations at home that might impact your camper's experience at camp (loss of a family member, camper is in foster care, traumatic experience, etc.) *

Mark only one oval.

- Yes
- No

15. Does your camper experience or struggle with their mental health, or have they in the past? (Depression, Anxiety, thoughts of self harm, etc): *

Mark only one oval.

- Yes
- No

16. When your camper is upset or anxious, do they exhibit any physical symptoms? (stomachache, headache, etc.) *

Mark only one oval.

- Yes
- No

17. Does your camper have any behavioral considerations that would be helpful for counselors and leadership to know? *

Mark only one oval.

- Yes
- No

18. For any of the above listed questions to which you answered "Yes", please provide any formation which will help our staff work with your camper. *

19. When completing health forms for participants under 18 years of age, please provide emergency contacts in the order of who should be contacted first, including parents. Please provide at least one non-parental contact.
A minimum of 2 contacts is required. *

20. (Overnight Camp Only) The standard room assignment is to place two (same gender) campers to a double room. Please indicate if there is a roommate with whom your camper would like to be paired. *

Medications

21. Please indicate if your camper is currently taking any medication or will be taking medications during camp. *

Medicine will not be dispensed unless the following guidelines are met:

-All medications must be in their original container noting Rx number, camper name, physician name, and dosage.

- Any doctor's office samples MUST be accompanied by a signed prescription

- Please limit the amount of medication to only what is required for the duration of camp, plus one extra dose.

- Our Health Center stocks a variety of over the counter (OTC) medication, however, if your child requires a specific OTC or vitamin on a daily basis, you must provide the medication in the original and unopened container and must note on the health form that this medication is necessary daily.

If your camper does not have any medications, then you can skip this step and move on to the next step.

Please Indicate the medication your camper needs and the time, frequency, and dosage they require.

_____

22. I hereby give permission to the organization's Heath Director, volunteer nurses and other staff or volunteers overseen by the Health Director, to provide any first aid for the mild injuries and illnesses that should arise for my child. *

Mark only one oval.

- Yes
- No
- Other: _____

23. I also give permission to administer over-the-counter medications, including: Tylenol, Motrin, allergy/cold medications, gastrointestinal medications (e.g. Mylanta, laxatives, anti-diarrhea) and lotions/creams (e.g. sunblock, Benadryl cream, hydrocortisone). *

Mark only one oval.

- Yes
- No
- Other: _____

General Release of Liability

24. All medications brought by the camper **(prescription or over-the-counter)** must be given to the camp director at the time of check in. The director stocks the most common medicines such as Tylenol and cold remedies, so it is unnecessary to bring them. All medications must be in the original container and include clear and current directions and the camper's name. Asthma inhalers and epi-pens may be kept by the camper, as needed. *
Campers are not allowed to bring alcohol, cigarettes, drugs, weapons, fireworks, cell phones, or electronic devices (except cameras). The organization reserves the right to search any camper's belongings and confiscate these items.

Any outside charges incurred related to illnesses will be billed to parents or guardians.

I understand it is the policy of the organization not to release a camper to anyone other than the person designated at the beginning of camp. I recognize that certain hazards and dangers are inherent in camp events and programs. I understand that camp activities may expose my child to psychologically or physically stressful and challenging situations.

I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. I understand that my child shares responsibility for their own safety and I have instructed my child in the importance of knowing and abiding by the camp rules, regulations, and procedures for the safety of camp participants. Further, I waive any claim that may arise against the organization and/or its employees as a result of participation in the program, except for those which are the direct result of the gross negligence of RPG Camp or its employees. The organization reserves the right to discipline or send home any child for any reason at its sole discretion, including rule violations or health and safety concerns.

In signing this document, I hereby certify that the included information is correct, and give permission for the use of photographs, or other media, including my youth to be used in camp publicity; and for the release of medical information in case of illness. In the event I cannot be reached, I hereby give permission to the physician selected by RPG Camp staff to obtain proper medical diagnosis, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above. If an injury should occur at RPG Camp, I confirm that the camp staff, in guidance from the information I have provided, will make the most reasonable and helpful medical decision available.

COVID-19 | Accordingly, individually or on behalf of my minor child(ren), I hereby expressly, specifically, knowingly, freely, and for valuable consideration (including, but not limited to, RPG Camp permitting us to participate in its programs and activities and stay as guests in RPG Camp's facilities subject to RPG Camp's rules, guidelines, and instructions) agree to waive, release, discharge, hold harmless, defend, and indemnify RPG Camp and their members, board of directors, trustees, officers, employees, independent contractors and agents from and for any and all liability, damages, harm, costs, and expenses arising from or relating to my or my minor child(ren)'s presence at RPG Camp and attendance at or participation in its programs and activities, whether such liability, damages, harm, costs, or expenses occur on or off RPG Camp 's premises, related to COVID-19.

I understand that testing, contract tracing, and isolation of people infected with COVID-19 supports the health and safety of our community. On behalf of myself and my minor child, I authorize a trained staff member to administer a rapid antigen detection test or similar to my child to screen for COVID-19. If the test is positive, I authorize RPG Camp to share my child's test results with the appropriate District Health Department and the parents of other children in my child's cabin/group for the sole purpose of identifying others who may have been exposed and preventing the further spread of COVID-19. I understand that a child who tests positive for COVID-19 cannot remain at Camp, and I agree that I (or one of my child's authorized transporters) will retrieve my child from Camp as soon as possible after receiving notification of a positive COVID-19 test. I understand that my child will be kept isolated from others during that time. I acknowledge that Camp is not acting as my child's medical provider, and I agree to seek medical advice, care and treatment from my child's medical provider if his/her condition worsens.
I/We, the undersigned, have read and do understand and agree to the foregoing agreement, warnings, waiver, and the assumption of risk. We assume the risk of injury from the above danger, and waive liability, if any, of RPG Camp and its staff and volunteers.

(Please type your full name and date below to confirm)

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