



# P Y O C A

CAMP AND RETREAT CENTER

# FALL YOUTH CONFERENCE MEDICAL AND CONSENT FORMS

Dear Parent/Guardian,

The information on this form is not part of the camper, staff, or volunteer acceptance process, but is gathered to assist us in identifying appropriate care. It is essential that we have the most up to date medical and emergency information requested below. Our goal is that every participant experience a safe and healthy time at Pyoca Camp and Retreat Center. This form must be completed by a parent or guardian of minors or by adults themselves.

## General Information

### Participant's Name:

\_\_\_\_\_

Last First Middle

### Address:

\_\_\_\_\_

Street City State Zip

Participant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Custodial

### 1. Parent/Guardian Name:

\_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Parent/Guardian Name:

\_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Name (Cannot be one of the two persons listed above):

\_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Insurance Information

By filling out the information below I/we certify that my/our child is covered under an Affordable Care Act compliant plan.

If so, indicate carrier of plan name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Please attach a copy (front and back) of the participant's insurance card.

**Health History**

The following information must be filled in by a parent/guardian, adult camper, or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of this form for your records. Any changes to this form should be provided to camp health personnel upon participant’s arrival to camp. Provide complete information so that the camp can be aware of all health needs.

1. Has the participant received all immunizations required for school entrance? \_\_\_\_ Yes \_\_\_\_ No

2. ALLERGIES: list all known food, medications and other allergies (i.e. bee stings)

Allergy	Reaction	Treatment	Comments

3. Medication

**Please List Any Medication the Participant Takes Regularly**

Name	Dose (MG)	Route	Frequency	Time Taken	Reason

**Parent’s or Guardian’s Authorization for PRN (as needed) Medication Administration**

I give permission for Pyoca Camp and Retreat Center first aid staff or volunteer nurse to administer the following checked PRN (as needed) medications to my child as necessary. If a symptom is recurring or a question exists about medication, I understand I will be contacted by phone to clarify the issue. All non-prescription medication label directions will be followed.

First aider staff or volunteer nurse may administer the following medications to my child for the presented related symptoms:

- |   |   |
|---|---|
| <input type="checkbox"/> Acetaminophen – fever, headache, pain                | <input type="checkbox"/> Tums (Calcium Carbonate) – upset stomach, heartburn            |
| <input type="checkbox"/> Ibuprofen – fever, headache, pain                    | <input type="checkbox"/> Pepto Bismol (Bismuth Subsalicylate) – upset stomach, diarrhea |
| <input type="checkbox"/> Benadryl – poison ivy, bug bites                     | <input type="checkbox"/> Aloe – sunburn   |
| <input type="checkbox"/> Calamine Lotion – poison ivy, bug bites              | <input type="checkbox"/> Cough Drops – cough or sore throat                             |
| <input type="checkbox"/> Benadryl Cream – poison ivy, bug bites, rashes       | <input type="checkbox"/> Sore Throat Spray (Phenol 1.4%) – sore throat                  |
| <input type="checkbox"/> Hydrocortisone Cream – poison ivy, bug bites, rashes |   |

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

4. Dietary Restrictions

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> No Dietary Restrictions | <input type="checkbox"/> Does not eat pork    | <input type="checkbox"/> Does not eat dairy products |
| <input type="checkbox"/> Does not eat red meat   | <input type="checkbox"/> Does not eat seafood | <input type="checkbox"/> Does not eat gluten         |
| <input type="checkbox"/> Does not eat poultry    | <input type="checkbox"/> Does not eat eggs    | <input type="checkbox"/> Other _____                 |

**Agreement, Authorization, and Release**  
**PARENTS / GUARDIANS - PLEASE READ CAREFULLY, SIGN AND RETURN**

**Liability and Obligation Policies**

I/we, the parent(s) or guardian(s) of (Child's Name) \_\_\_\_\_  
(the child) release and hold harmless Pyoca Camp, Conference, & Retreat Center, the Presbytery of Whitewater Valley Inc., and the Presbytery of Ohio Valley, and the Synod of Lincoln Trails, their agents, owners, officers, employees, volunteers, participants, and all other persons or entities acting on their behalf (hereinafter collectively referred to as Pyoca) of any and all liability for accidents or injuries sustained while in the care of the aforementioned organizations. I/we give my/our consent for my/our child to be transported onsite, and to and from any scheduled offsite programs. I/we are aware that a deposit is required prior to the chosen camp session in order to reserve a place for my/our child. I/we agree to pay the balance owed the first day of the camp session. I/we agree that Pyoca may reproduce any photographs, slides, and videos taken of my/our child for publicity purposes. I/we understand that Pyoca will not be responsible for any personal property brought to camp by campers.

**Assumption of Risk**

I acknowledge that injuries may occur while my child is participating in activities at Pyoca. I understand that the possibility of injury cannot be totally eliminated without jeopardizing the essential qualities of Pyoca's camp experience. Injuries may occur during Pyoca camp activities. By signing below, I confirm that my/our child is in good health and is physically able to participate in regular camp activities. I understand that if my child has any health issues or concerns, it is my duty to inform Pyoca in writing of said issues or concerns.

**SERIOUS MISBEHAVIORS**

These include, but are not limited to, fights with intent to do bodily harm, hitting with an object or fists, threatening or harassing other campers, bullying, continual use of profanity or obscene language, inappropriate sexual activities, carrying a weapon, possession of cigarettes, possession of alcohol or drugs, or rejection of authority. These actions are considered harmful to other campers Pyoca staff and volunteers and will not be tolerated. The parents of the child will be notified by the Executive Director or Assistant Director via telephone and asked to pick up the child as soon as possible. If this occurs, all monies are non-refundable.

**Non - Discrimination Policies**

Pyoca prohibits discrimination in its programs on the basis of race, color, national origin, sex, age, disability, political beliefs, gender preference, sexual orientation, marital status, or financial status.

**Health Release Policies**

To the best of my/our knowledge the information provided on my/our child's health from is complete and accurate. I/we give permission to Pyoca and its trained staff to administer care for the treatment of minor injuries and illness within the limits of the staff members training and Pyoca's Medical Protocols. In the event my/our child needs emergency medical care, an attempt will be made to contact me/us. In the event that I/we cannot be reached, my/our authorized signature(s) below allows Pyoca, to act in loco parent is securing prompt medical treatment. I/we give permission for my/our child to be transported by Pyoca Staff or Ambulance service to a local physician's office, urgent care facility, emergency room, or hospital. I/We know that every reasonable and customary precaution will be taken to assure safety. Prior to the performance of any major surgery, except in the case of a clear emergency with life threatening potential for failure to act with dispatch, the medical opinions of two other licensed physicians who are experienced with the conditions diagnosed shall be first sought and they shall concur in the procedures proposed. I/we give permission for my/our child to be transported by Pyoca Staff or Ambulance service to a local physician's office, urgent care facility, emergency room, or hospital.

I/we have read and understood these policies and procedures, and by signing below so hereby acknowledge my/our agreement and compliance to the aforementioned.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed: \_\_\_\_\_