



HAPPY ORCAS ADVENTURE CAMP

Camper Waiver & Health Form

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Thank you for selecting Happy Orcas Adventure Camp for your young camper! We appreciate your support to help young people learn about and explore the world around them.

Please complete the following forms after you have enrolled your child in camp. Please be assured that all information provided is confidential and will be shared only with camp counselors and director.

Please contact the Camp Director today if any of the following apply:

- Your camper has special conditions, needs or limitations. You must speak with the Camp Director to determine whether your camper can be accommodated at camp. Non-disclosure may result in dismissal without refund.
- Your camper does not have health and accident insurance valid in the U.S.
- Your family's religious beliefs do not permit physical exams and/or immunizations.
- You have concerns regarding the Agreement of Terms, Image Release or Acknowledgement of Risk.

Camper's Name: _____

Camper's Preferred Pronoun: She/her____ He/him____ They/them____ Other_____

Date of birth: _____ **Age at time of camp:** _____ **Grade entering:** _____

Which session(s) attending? _____

Siblings Number of brothers: _____ Ages: _____ Number of sisters: _____ Ages: _____

Are any of your child's siblings attending camp? If so please list their name(s).

Has your child attended any camp before? If yes, how was their experience? _____

Your child's camp experience is very important to us. Please use this space to describe any important details about your child that will help the counselors provide the best support possible.

Camper Name:_____

Camp Week:_____

What are your child's interests, talents and hobbies?

What do you expect your child to gain from their experience at camp?

How well does your child swim?

_____ non-swimmer _____ beginner _____ intermediate _____ advanced

Describe any behavioral issues that your child's counselor should be aware of. Also, please list any medications that your child takes that affects their behavior or mood.

What words would you use to describe your child's personality?

Camper Name:_____

Camp Week:_____

Day Camp Health History

PLEASE RETURN FORM NO LATER THAN TWO WEEKS BEFORE SCHEDULED CAMP DATE

Instructions: A parent/guardian must complete this form for the camper. Attach any additional needed information, including a copy of the camper's immunization records, asthma/allergy action plans, health insurance card, or other needed information. Keep a copy of the completed form for your records. If your camper has any special conditions, needs or limitations, you must speak to the Camp Director immediately. Non-disclosure may result in dismissal from the program without refund.

CAMPER INFORMATION

FULL NAME: _____ NICKNAME: _____

BIRTHDAY: _____ HEIGHT/WEIGHT (for proper PFD sizing): _____

CAMPER HOME ADDRESS: _____

LOCAL SUMMER ADDRESS DURING CAMP, IF DIFFERENT:

Custodial Parent/Guardian

Name: _____ Relationship to camper: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____ Address, if different: _____

Second Parent/Guardian

Name: _____ Relationship to camper: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____ Address, if different: _____

Additional Emergency Contact (This should be someone the camper knows well and can assist in reaching the guardian)

Name: _____ Relationship to camper: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____ Address, if different: _____

Camper Name: _____

Camp Week: _____

Health Care Provider Information

Primary Care Provider: _____ Phone: _____

Name of Practice: _____

Address: _____

Required: Please include a copy of the camper's immunization record.

Medical Insurance: Is this camper covered by health/accident insurance or Medicaid? _____

You must provide health insurance information below. For campers without health insurance, please contact the Camp!

Insurance Carrier/Plan Name: _____

Policy Number: _____

Subscriber Name: _____ Relationship to camper: _____

Restrictions: Camp activities are similar to those described on camp website. If more details are required, please contact the Camp Director.

_____ I have reviewed the Camp's programs/activities and feel the camper can participate without restrictions.

_____ I have reviewed the Camp's programs/activities and feel the camper can participate with the following restrictions or adaptations (Please describe and speak with Camp Director):

Allergies:

_____ No known allergies

_____ The camper has allergies to (please describe below the allergy and reaction seen):

_____ Food _____ Medicine _____ The environment (hay fever, insects, etc.) _____ Other

****If a camper has an anaphylactic allergy, include a copy of the camper's allergy plan. We cannot guarantee that any area at camp is allergen free.*

Diet and Nutrition:

_____ This camper eats a regular diet _____ This camper has special food needs (describe below)

Camper Name: _____

Camp Week: _____

General Health History: Check “Yes” or “No” for each statement. Explain “Yes” answers below. Has/does the camper:

- | | |
|--|------------------------|
| 1. Been hospitalized/had surgery in past 2 years? | ___ Yes ___ No |
| 2. Have recurrent/chronic illness? | ___ Yes ___ No |
| 3. Had a recent injury/illness/infection? | ___ Yes ___ No |
| 4. Ever had a head injury or concussion? | ___ Yes ___ No |
| 5. Have asthma/wheezing/shortness of breath? | ___ Yes ___ No |
| 6. Have diabetes? | ___ Yes ___ No |
| 7. Had seizures? | ___ Yes ___ No |
| 8. Have severe or frequent headaches? | ___ Yes ___ No |
| 9. Wear glasses/contacts/protective eyewear? | ___ Yes ___ No |
| 10. Had fainting or dizziness? | ___ Yes ___ No |
| 11. Have frequent bloody nose? | ___ Yes ___ No |
| 12. Have motion sickness? | ___ Yes ___ No |
| 13. Have a phobia? | ___ Yes ___ No |
| 14. Passed out/had chest pain during exercise? | ___ Yes ___ No |
| 15. Had mononucleosis during the past year? | ___ Yes ___ No |
| 16. Ever had back/joint problems? | ___ Yes ___ No |
| 17. Ever been treated for Lyme disease? | ___ Yes ___ No |
| 18. Ever been stung by a bee? | ___ Yes ___ No |
| 19. Have problems with menstruation? | ___ Yes ___ No ___ N/A |
| 20. Have any skin problems? | ___ Yes ___ No |
| 21. Have problems with diarrhea, constipation or frequent stomach aches? | ___ Yes ___ No |
| 22. Traveled outside of the US in the past year? | ___ Yes ___ No |

Explain “Yes” answers in the space below, noting the number of each question requiring a response. For travel outside the U.S., give places visited and dates of travel. Attach addition pages if needed. **If camper has asthma, include a copy of the camper’s asthma action plan.*

Mental, Emotional and Social Health History: Check “Yes” or “No” for each statement. Explain “Yes” answers below.

Has/does the camper:

- | | |
|--|----------------|
| 1. Ever been diagnosed with ADD or ADHD? | ___ Yes ___ No |
| 2. Ever been treated for emotional/behavioral difficulties, self-harm or an eating disorder? | ___ Yes ___ No |
| 3. Ever had need for an aide at school? | ___ Yes ___ No |
| 4. Used an individualized education plan (IEP) during the previous school year? | ___ Yes ___ No |
| 5. Speak a primary language other than English? | ___ Yes ___ No |

Camper Name: _____

Camp Week: _____

To better care for your camper please provide any additional information about the camper's behavior or physical, mental, emotional and social health that you think important or that may affect the camper's ability to participate in the Camp program (shyness, learning style, etc). List any strategies used to manage the concern or enhance the camper's ability.

Medications at home: _____ This camper does not take medications regularly at home.

_____ This camper takes the following medications at home. (Please describe the medication and condition below.)

_____ Daily: _____ Seasonally _____ Other

Medications at camp: _____ This camper will not bring any medications to camp.

Please include any medication that the camper may need to take at camp, including vitamins, Lactaid or any OTC medications, etc. Attach additional pages if needed. The camper's parent/guardian must supply these medications labeled with the camper's name, unexpired and in original containers, and bearing specific directions for administering. Prescription medications just have the full pharmacy label. Contact the camp director a camper takes medication for mental health and the medication or dose has changed within the three months prior to camp.

_____ This camper will bring the following medications to camp:

Name of medication	Dose	How is it administered?	Time given	Date Started	Reason for taking

Camper Name:_____

Camp Week:_____

Asthma Emergency Medications: ____ This camper does not have asthma emergency medication.

____ *Please include a copy of the camper's asthma action plan. Contact the Camp Director if you have any questions.*

Name of medication	Amount/dose	Route (ex. Inhaled)	When is it given?

____ This camper needs asthma medication only for respiratory illness and will not bring it to camp unless a parent/guardian notifies the camp.

____ This camper will bring asthma medication to camp but does not need to have it nearby at all times.

____ This camper will bring asthma medication to camp and should have it nearby at all times. Camp staff must monitor each dose.

This camper will also bring: ____ Nebulizer ____ Spacer

Allergy Emergency Medication: ____ This camper does not have allergy emergency medications.

____ *Please include a copy of the camper's allergy action plan. Contact the Camp Director if you have any questions. Provide TWO EpiPens bearing the original pharmacy labels.*

Name of medication	Amount/dose	Route (ex. Injected)	When is it given?

____ This camper will bring allergy emergency medication but does not need to have it nearby at all times.

____ This camper will bring allergy emergency medication and should have it nearby at all times. Camp staff must monitor each dose.

____ This camper has been trained to administer his/her own EpiPen.

____ This camper recognizes the onset of an allergic reaction and can notify a camp staff member if symptoms occur.

Camper Name: _____

Camp Week: _____

Release/Pick-Up:

My camper may be released to the following adults (including carpool drivers or those who may pick up in an emergency). Include first and last names.

1. Name: _____ Relationship: Parent/Guardian

2. Name: _____ Relationship: Parent/Guardian

3. Name: _____ Relationship: _____

Phone (Day/Evening/Cell): _____

4. Name: _____ Relationship: _____

Phone (Day/Evening/Cell): _____

Medical Waiver and Authorization (agreement is required for participation):

Medical Release: This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examine physician. I give permission to camp staff to provide routine health care; to administer prescribed or other-the-counter medications as described; and too provide or obtain emergency care and transportation fo the camper if needed. I give permission to the physician selected bay the camp to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency's I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, x-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I understand that information on this for will be shared on a "need to know" basis with camp staff.

Medications: I authorize Happy Orcas Adventure Camp's designated staff to administer as listed above Medication at Camp and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed and that each dose will be monitored by a staff member. I understand that all medications must be in their original containers. Unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label.

Insurance: I certify that the named camper is covered by health and accident insurance or Medicaid and that the policy information given is correct.

Release/Pick-up: I understand the release policy as described and authorized Happy Orcas Adventure Camp to release my child to the people/methods listed above.

I, the parent/legal guardian of the named camper, have read, understand, and agree to the above.

Signature of Legal Parent/Guardian: _____

Print Name: _____ Date: _____

Camper Name: _____

Camp Week: _____

Day Camp Agreement of Terms

PLEASE RETURN FORM NO LATER THAN TWO WEEKS BEFORE SCHEDULED CAMP DATE

Camper Full Name: _____

Program: I give permission for my child to participate in all camp program activities, including hiking, slackline, challenge courses, kayaking, snorkeling, and all other activities related to the nature of this adventure camp. I understand that Happy Orcas Adventure Camp, operating under Dragonfly Kayak Tours LLC (herein referred to as The Camp), reserves the right to change program activities or instructors and cancel programs, should The Camp decide in its sole judgment that it is necessary and appropriate to do so.

Expectations/Dismissal: I have informed The Camp Director and other appropriate staff of any limitations to my child's participation and agree to abide by The Camp's sole judgement as to whether my child can be accommodated in The Camp program. I understand that failing to disclose any physical, emotional or behavioral needs or conditions may result in the child's dismissal from the program without further refund. I understand that my child must follow the stated behavior expectations and safety rules and the The Camp reserves the right in its sole judgment to dismiss without further refund any child who behavior interferes with the rights and safety of others or consistently disrupts group dynamics or activities.

Sun and Bugs: I understand that outdoor exploration is an integral part of The Camp programs and my child will be exposed to risks including but not limited to sun, ticks and other insects. I understand that it is my responsibility to provide sunscreen and insect repellant for my child. I give permission for The Camp staff to assist my child in applying sunscreen, insect repellant and topical anti-itch cream. I understand that some ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child's body thoroughly every day and two remove any ticks that may become attached.

I, the parent/guardian of the named camper, have read, understood and agree to abide by the terms and policies listed above.

Signature of Custodial Parent/Guardian: _____

Print Name: _____ **Date:** _____

Relationship to camper: _____

Camper Name: _____

Camp Week: _____

Day Camp Audio/Visual Image Release

The Camp uses images and sounds of children and staff participating in programs as a way of documenting the enjoyable and educational experiences they have while exploring the natural world. The Camp will not identify my child, or will identify my child only by first name and program, unless I give specific written permission to do otherwise.

In consideration of the above, I hereby consent to The Camp (1) photographing and filming by child, and (2) using and displaying images and sounds of my child in The Camp's websites, social media, archives, and promotional or information material, included but not limited to newsletters, brochures, advertisements, and newspaper articles. And I hereby waive and release on behalf of my child any rights of compensation for, or ownership of, such images and/or sounds of my child.

I have read this media release and agree to its terms and conditions.

Signature of Custodial Parent/Guardian: _____

Print Name: _____ **Date:** _____

Relationship to camper: _____

Camper Name: _____

Camp Week: _____

Day Camp Acknowledgement of Risk and Assumption of Personal Responsibility

Camper Full Name: _____

Happy Orcas Adventure Camp, operating under Dragonfly Kayak Tours LLC (herein referred to as The Camp) makes every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risks.

I understand the program activities may include but are not limited to: hiking on uneven terrain, playing active games, and participating in activities on and near water. Specific activities may include swimming, kayaking, snorkeling, tide pooling exploration along rocky shoreline, challenge course activities. Other risks may be inherent to program activities. I understand that my child may come into contact with marine animals that may cause harm or injury if coming into close proximity with such marine animals. The Camp will take care to monitor proximity to such animals, but at times may not see animals due to the clarity of water or location of rocks.

I understand that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless Happy Orcas Adventure Camp, operating under Dragonfly Kayak Tours LLC, and its officers, directors, employees, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in The Camp program and activities, including, but not limited to for any personal injury that my child may suffer while participating in the The Camp program and activities, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during The Camp programs and activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in The Camp program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate, as described in The Agreement of Terms.

Signature of Custodial Parent/Guardian: _____

Print Name: _____ **Date:** _____

Relationship to camper: _____

Camper Name: _____

Camp Week: _____