

Activity Permission and Medical Consent Forms

Even though we emphasize safety at camp, our work sites, and everywhere we go, we want to be prepared in case of an emergency. Therefore, Camp Caribe requires all participants to have a filled out **Activity Permission and Medical Consent Form** on file. If the participant is under the age of 21, a parent/legal guardian must sign the form, authorizing medical treatment. Doctors in Puerto Rico will not treat someone under the age of 21 without a parent/guardian's consent, as the age of majority in Puerto Rico is 21 years of age.

In the event of an accident or medical emergency...

1. We will take the injured person to the hospital or, if need be, call an ambulance. Whenever possible, the injured person will be accompanied by a camp staff member. In the event that this is impossible, we will send a trustworthy volunteer to accompany him/her.
2. We will contact parents / guardians as soon as possible. If parents / guardians are not available, we will contact an emergency contact person, as listed on the **Activity Permission and Medical Consent Form**.
3. We will give the insurance information of the injured person to hospital personnel in order to file the initial claim. Please note that the hospital will more than likely be out of network, and may require up-front payment. If this is the case, you should be able to file a claim directly with your insurance company. In the event that Camp Caribe covers this up-front payment, it is the responsibility of the injured party and his/her family to reimburse Camp Caribe for any expenses incurred.

In the event of an illness...

Our staff will keep that person in camp, attend to their needs, and help them feel comfortable. If their condition becomes serious and needs medical attention, we will follow the same steps as above. Depending on the seriousness of the illness, the sick person may have to return home for the sake of their health and the health of other participants.

Activity Permission and Medical Consent Form

Participant's Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Gender _____

Medical Insurance Co. _____ Policy # _____

Insured's name (if different from participant) _____

Mother's name _____ Home # _____ Cell # _____

Father's name _____ Home # _____ Cell # _____

Other Emergency Cont. _____ Home # _____ Cell # _____
(other than a parent)

Other Emergency Contact's relationship to participant: _____

Physician's name _____ Office Phone _____

Dentist's name _____ Office Phone _____

Medical History

If necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, disability, or condition to which the participant is subject and of which the Camp Caribe staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this participant. If necessary, add another page with details:

1. Is this person a... Good swimmer Fair swimmer Non swimmer

2. Any allergies we should be aware of? If so, please specify.

Pollens _____ Medications _____

Foods _____ Insect Bites _____

3. Has this person ever suffered from, experienced, or been treated for...

Asthma Heart trouble Diabetes Frequently upset stomach

4. Date of last Tetanus Shot: _____

5. Does this person wear: Glasses Contact lenses

6. Please list and explain any major illnesses this person has experienced during the last year:

Additional Comments:

Should this person's activities be restricted for any reason? If yes, please explain:

Code of Conduct

We expect every youth and adult to conform to the following conduct guidelines. Participants who fail to comply with these expectations will suffer the consequences, which **may include being sent home at the expense of parents or youth leaders.**

- No possession or use of alcohol or drugs
- No possession or use of tobacco products
- No possession of weapons, pocket knives, fireworks, lighters, or explosives
- No vulgar or inappropriate language
- No threatening, fighting with, or otherwise intentionally harming others—physically, emotionally, or mentally
- No intentionally harming of oneself.
- Compliance with dress codes the entire time you are in Puerto Rico (no offensive, immodest, or otherwise inappropriate clothing). Shirts must be worn at all times unless the participant is inside the dorm or swimming at the beach. Ladies swimsuits must be a modest one piece. If it is a two-piece, they must wear a dark colored t-shirt over the top. Men's swimsuits must be trunks (no “speedos”).
- No males in female sleeping quarters, and no females in male sleeping quarters.
- Participation with the entire camp community is expected.
- Respect for camp property as well as property of other participants and staff is expected.
- Respect and compliance with event schedules.
- Clean up after oneself.
- Look out for one another.

I have read the code of conduct above, the evaluation of my health, and I agree to participate at Camp Caribe. I agree to abide by the stated personal limitations and by the code of conduct.

Participant's signature _____ Date _____

Participant Consent (if over 21)

- I, _____, agree to participate in all activities associated with Camp Caribe. I understand that there are inherent risks involved in any ministry such as Camp Caribe, and hereby release Camp Caribe (including its employees, Board of Directors, volunteers, and other agents), its participants, and any other Camp Caribe- related entity (organizations, churches, etc.) from any and all liability for any injury, loss or damage to person or property that may occur during the course of my involvement with Camp Caribe's activities.
- In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I give permission to Camp Caribe to select a physician, to hospitalize, to secure proper treatment for, and to order injection, anesthesia, or surgery for the participant as deemed necessary by a licensed physician.
- In the event of a medical emergency, I understand that every reasonable effort will be made to contact the emergency contacts designated on this form, en route to or upon arrival at the hospital or health care facility.
- In the event treatment is required from a physician and/or hospital personnel designated by Camp Caribe, I agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I am ultimately responsible for the cost of any medical care, should the cost of that medical care not be reimbursed by my health insurance provider. Should Camp Caribe cover any up-front costs related to my medical care, I agree to fully reimburse Camp Caribe in a timely manner. I affirm that the health insurance information provided on this form is accurate at this date and will, to the best of my knowledge, still be in force throughout the time of the activity.
- I agree to return home at my own expense should I become seriously ill, if I fail to comply with the Code of Conduct above, or if otherwise deemed necessary by Camp Caribe staff.
- I give permission for images of myself through photographs, video, or other likeness, to be used by Camp Caribe for the purpose of promotional materials. I further release Camp Caribe from any liability associated with the promotional use of these images. I release any claim to said images, and acknowledge that they are the sole property of and are copyrighted by Camp Caribe.

Participant's name _____ Date _____

Participant Signature (if 21 or over) _____ Date _____

Parental Consent (if under 21)

- I/We the undersigned have legal custody of the child, _____ (hereafter referred to as “the participant”), a minor, and have given our consent for him/her to serve at Camp Caribe, and to participate in all activities and trips associated with this ministry. I/We understand that there are inherent risks involved in any ministry such as Camp Caribe, and I/we hereby release Camp Caribe (including its employees, Board of Directors, volunteers, and other agents), its participants, and any other Camp Caribe- related entity (organizations, churches) from any and all liability for any injury, loss or damage to person or property that may occur during the course of the participant's involvement with Camp Caribe's activities.
- In the event that the participant is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. I/We give permission to Camp Caribe to select a physician, to hospitalize, to secure proper treatment for, and to order injection, anesthesia, or surgery for the participant as deemed necessary by a licensed physician.
- In the event of a medical emergency, I/we understand that every reasonable effort will be made to contact the emergency contacts designated on this form, en route to or upon arrival at the hospital or health care facility.
- In the event treatment is required from a physician and/or hospital personnel designated by Camp Caribe, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also agree to pay for the cost of any medical care, should the cost of that medical care not be reimbursed by the health insurance provider. Should Camp Caribe cover any up-front costs related to my medical care, I/we agree to fully reimburse Camp Caribe in a timely manner. I/We affirm that the health insurance information provided on this form is accurate at this date and will, to the best of my knowledge, still be in force throughout the time of the activity.
- I/We agree to bring the participant home at my/our own expense should he/she become seriously ill, if he/she fails to comply with the Code of Conduct above, or if otherwise deemed necessary by Camp Caribe staff.
- I/We give permission for images of the participant through photographs, video, or other likeness, to be used by Camp Caribe for the purpose of promotional materials. I/We further release Camp Caribe from any liability associated with the promotional use of these images. I/We release any claim to said images, and acknowledge that they are the sole property of and are copyrighted by Camp Caribe.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____