

Family Camp Consent & Release - Family

Family Representative Name: _____			Birthdate _____/_____/_____ Month/Day/Year
First Name	Middle Initial	Last Name	

Things you should know about health services while you are at camp:

1. In case of emergency, we will call the local ambulance service. It takes at least 15 minutes for an ambulance to get to camp.
2. During your stay, a Registered Nurse is available to help with your minor health needs.
3. Our camp does have an AED at camp. Our camp does not have portable oxygen at camp.
4. Adult participants manage their own medications; please bring what you anticipate needing.
5. There is a walk-in clinic, hospital, and pharmacy available to you in town. These are 5-10 miles from camp.

<u>Please list all known Medical Conditions and Allergies</u>		
Do any of the campers have any known medical conditions or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Camper:	Medical Condition or Allergy:	Reaction:

I hereby acknowledge that Cohutta Springs Youth Camp registration includes limited accident insurance. Health insurance remains the family's responsibility, i.e. flu, earaches, insect bites, and other personal health issues. I have read the information both on this page and what was sent to me for this camp program. I understand my health information will be shared with camp staff on a "need to know" basis, and that, as an adult, I retain primary responsibility for managing me and my family's health status while at camp.

In the event of an injury at camp, the camper must inform the camp nurse. If medical care is needed, the camper must be seen by the camp approved medical provider while registered at camp in order for the camp to cover the cost of the medical care. The insurance paperwork must accompany the injured camper to the hospital and be returned to the camp office upon arrival back at camp.

I acknowledge that the activities can be of high risk, potentially dangerous. I, therefore, knowingly accept and agree to release COHUTTA SPRINGS YOUTH CAMP and its employees, agents and the GEORGIA-CUMBERLAND CONFERENCE OF SEVENTH-DAY ADVENTISTS from liability in case of serious injury or death.

I release all photos and videos taken for Cohutta Springs Youth Camp promotions. I do support and agree to abide by all camp regulations and policies and to uphold its objectives.

This consent & release shall remain in continuous effect until revoked in writing or until campers have left Cohutta Springs Youth Camp property. My signature indicates that I've read, understand and agree to the camp's limitations and policies on behalf of the individuals listed below.

Family Representative Signature

Date

Signature of adult 18+ (immediate family member)

Date

Signature of adult 18+ (immediate family member)

Date

Signature of adult 18+ (immediate family member)

Date

List all minor immediate family members:

Should the unforeseen occur, who would you like us to notify in an emergency?

Name of Individual: _____ Relationship to you: _____

Primary Phone: (_____) _____ Alternate Phone: (_____) _____