

GENEVA HILLS GROUP, Inc
NIGHTS AT GENEVA HILLS
RELEASE, INDEMNIFICATION, AND MEDICAL AUTHORIZATION AGREEMENT
FOR PARTICIPATING MINORS

Name of Minor Participant _____

Date of Birth ____/____/____ Male Female Grade (Upcoming School Year) _____

Dates Attending Camp _____

School _____ Religious Affiliation/Denomination _____

Name of Parent/Legal Guardian _____

Address _____ City _____

State _____ Zip Code _____ Phone(s) _____

E-Mail _____

As a parent or legal guardian of the above-named participant, I hereby give my permission for my child to participate in Nights at Geneva Hills and hereby personally assume all risks in connection with my child's participation in activities associated with Nights at Geneva Hills.

I certify that I am cognizant of the inherent dangers associated with participation in summer camp activities which may include but are not limited to: movies, crafts, canoeing, kayaking, swimming, archery, hiking, games, campfires. Additionally, I acknowledge the fact that certain activities may be subcontracted to vendors located away from and off of Geneva Hills property that may require transportation of my child to such activity locations.

I hereby authorize Geneva Hills to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm, or accident occur to my child during their participation in summer camp activities. I further authorize Geneva Hills to administer medications to my child as indicated on the provided Medical Information Form.

I hereby release from all liability, and indemnify and hold harmless Geneva Hills, Geneva Hills Group, Inc. and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from Nights at Geneva Hills.

I further state that I am of lawful age and legally competent to sign this indemnification and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act and coalition. I further state and acknowledge that I have fully informed myself of the contents of this indemnification and release by reading it before I have signed it.

Parent/Legal Guardian Signature _____ Date _____

**Nights at Geneva Hills
MEDICAL INFORMATION FORM**

Dates Attending: _____

Child Full Name: _____

First

Middle

Last

DOB: ____/____/____ Age: ____ Gender (circle): Male / Female

Height: ____' ____" Weight: ____ Date of last Tetanus Shot

Booster: _____

Name of Parent or Legal Guardian:

Parent / Guardian

Phone(s): _____

Medical Insurance Information (as it appears on medical insurance card):

Name of Insurance Provider: _____

Policy or Member #: _____ Group # _____

Insurance Provider Phone: _____

Name of Primary Insured: _____

Primary Physician Information:

Name of Primary Physician: _____

Primary Physician Phone: _____

Child Medical Information (circle):

Are you diabetic? Yes / No

Do you have asthma? Yes / No

Do you have any known allergies to any medications? Yes / No

If yes, please list:

Do you have any food allergies? Yes / No

If yes, please list:

Do you have any other know allergies? Yes / No

If yes, please list:

Do you have any physical limitations or disabilities? Yes / No

If yes, please explain:

Will an aide be provided for your child? Yes / No

Activities that children will be participating in are below. Please check any that might concern you for your child.

- Boating/Kayaking/Swimming
- Hiking
- Environmental & nature education
- Gaga ball, yard yahtzee, and many more games
- Crafts
- Team building activities

Is there a sibling that would like to come to camp as well to participate? Yes / No

To help us better understand your child please provide the following information so we can ensure they have a wonderful camp experience.

What is frightening to your child?

What is calming to your child?

What is your child interested in?

What does your child find enjoyable?

What easily frustrates your child?

Other Medical Information:

Only if need to be administered during time at Geneva Hills.

Medications:

Are you currently taking any type of medication? Yes / No

If yes, please complete the following:

Medication Name	Prescription or Over-Counter ?	Prescription #	Dosage	Parent/Guardian Signature	For nurses use only

Other Medical Information:

Only if need to be administered during time at Geneva Hills.

Permission to Administer Non-Prescription Medications:

I, the parent/legal guardian of the above named child, hereby give my permission for a licensed nurse/camp representative to dispense to my minor child the following medications should my child request such and should the nurse deem appropriate:

(Please sign on line next to named drug to give permission to dispense.)

- Tylenol (Acetaminophen):
- Advil / Motrin (Ibuprofen):
- Antihistamine (i.e. Benadryl, Claritin):
- Pepto-Bismol:
- Antacids (i.e. Maalox, Tums):
- Decongestant (i.e. Sudafed):
- Laxative (i.e. Milk of Magnesia):
- Diarrhea Medication (i.e. Imodium):

Important Note Regarding Medications:

- *With the exception of asthma inhalers and EpiPens, no minor (under age 18) may possess any drugs (prescription or non-prescription) on their person or in their baggage at any time. Upon arrival to camp, all medications must be given to the camp nurse who will hold and disburse medications according to prescription directives.*
- ***All medication must be in its original container with the attached prescription directives. Medications not in an original container cannot be accepted.***
- *It is requested that all medications belonging to one person be placed into a single zip-lock bag and clearly labeled with the person's name.*

Nurses Notes:

**PARENT/LEGAL GUARDIAN CONSENT FOR RELEASE OF
PERSONALLY IDENTIFIABLE INFORMATION**

The undersigned parent/legal guardian of _____
(child, Counselor, Staff Name)

a child and/or staff and/or counselor with Nights at Geneva Hills, hereby consents to the release of the following personally identifiable information: photos, name, church, school, grade, city, state, age, personal quotes(i.e. testimonials, comments of support, etc.), Parent(s)/Legal Guardian(s) Name(s). for the release in promotions, fundraising, and camp promotions. These items could be used in brochures, fliers, videos, letters, Geneva Hills Web Site, bulletins, newsletters, radio, television, Facebook.

The undersigned consent to the transfer of the above information to a third or subsequent party.

(Parent/Legal Guardian Printed Name)

(Parent/Legal Guardian Authorized Signature)

(Date)

Nights at Geneva Hills CODE OF CONDUCT

Positive, appropriate behavior is expected of all children, staff, and counselors. Therefore, as a condition of participation in Nights at Geneva Hills, it is expected that all persons conduct themselves according to the following standards of behavior:

- The use or possession of alcohol, illegal drugs, tobacco in any form, fireworks, firearms, knives or any other kind of weapon is strictly prohibited.
- All participants must remain on Geneva Hills property (or designated off-site activity property) throughout their stay unless they have permission from the Camp Director or her designated representative and are accompanied by an adult staff member.
- Inappropriate sexual behavior and/or sexual harassment is prohibited. Boys shall remain only in boys dorms and restrooms and Girls shall remain only in girls dorms and restrooms.
- Participants will have respect for all personal property. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.
- Participants shall show respect to others and their property. Use language and manners that are respectful.

I further understand that Nights at Geneva Hills through its Director or a person designated by its Director, reserves the right to terminate child participation should violation of above-state policies and codes of conduct occur.

**I HAVE READ AND UNDERSTAND THE STANDARDS OF BEHAVIOR
CONTAINED IN THIS CODE OF CONDUCT**

Child Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____