

Three Holy Youths Camp 2022 Camper Medical Form

St. Nicholas Church office 5200 Diamond Heights Blvd. San Francisco, Ca 94131. (415)-648-5200

***Form must be completed and in camp office by June 15th.
Please make a copy of this form to keep on file for your own
reference.***

Camper Name _____ **Date of Birth** _____

***HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL
PERSONNEL***

I examined this individual on _____. BP : _____

Weight: _____ Height: _____

The applicant is under the care of a physician for the following conditions:

Medications to be administered at camp (name, dosage, frequency):

Treatment to be continued at camp:

Any medically-prescribed meal plan or dietary restrictions:

Known allergies (including food) & treatment

Description of any limitation or restriction on camp activities:

Additional information for health care staff at the camp:

In my opinion, the above applicant is is not able to participate in an active camp
program.

Signature of Licensed Medical Personnel:

Printed Name:

Date: _____

Phone: _____ Address: _____

Fax: _____

PARENT/GUARDIAN AUTHORIZATIONS, PERMISSIONS, AND AGREEMENT

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer over-the-counter medications, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by St. Nicholas Church, Three Holy Youths Camp, and its agents during camp. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Orthodox Christian Archdiocese, Three Holy Youth Camp, St. Nicholas Church, and, its leaders, employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form.

I agree that my child will abide by all the rules and guidelines set forth by St. Nicholas Church, Three Holy Youths Camp for the safety and good health of the campers at camp. I also agree that if my child has to return home due to discipline violations, it will be at my own expense.

I agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, Three Holy Youths Camp, St. Nicholas Church and, their leaders, employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. This completed form may be photocopied for trips out of camp.

I hereby agree to indemnify and hold harmless of St. Nicholas Church, Three Holy Youth Camp, the Antiochian Orthodox Christian Archdiocese, their clergy, officers, directors, employees, staff, and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident or injury occurring to me or my child.

*If for religious reasons you cannot sign this, contact the camp office for a legal waiver which must be signed for attendance

Signature of parent/guardian or adult camper/staff

Printed Name:

Date:

COVID-19 Screening

Date of Covid-19 Screening (No Less than 2 days before June 20th 2022)

_____ (Date)

Test Result Positive Negative

Is your camper vaccinated? Yes No

If Yes, date of vaccination 1 (Date) _____

If applicable, date of vaccination 2 (Date) _____

If applicable, date of vaccination 3 (Date) _____

Proof Of COVID-19 Test Result

(Screenshot, or attached paperwork accepted)

**A FRONT &
BACK
PHOTOCOPY
OF
INSURANCE
CARD IS
REQUIRED**