

Camper Name: _____

Session #: _____

Cabin/CK _____



CAMP KANUGA

2021 Camp Kanuga Check-In Form
Must be signed by the parent or guardian.
Camper Screening

- YES NO Has the campers been exposed to lice within the last 14 days?
- YES NO Have you been sick within the last 14 days?
- YES NO Does the camper feel like s/he is running a fever? Do they look or feel sick?
- YES NO Has the camper been exposed to a contagious illness in the last 14 days?
- YES NO Has the camper had any changes in their health history or immunization status since the Health History information was completed online?
- YES NO Does the camper have any visible signs of injury (cuts, bruises, etc.) or any rashes or itches?
- YES NO Does the camper have any over-the-counter or prescription medications in his/her luggage? (take home or give to nurse)
- YES NO Does the camper have a cell phone in their possession or luggage? (not allowed—parents please take home)
- YES NO Is the camper allergic to foods, medicines, or bee stings? (If yes, please list reactions and severity on back of this page)
- YES NO Does the camper have any physical restrictions to what s/he can do at camp? (If yes, please list on back of this page)
- YES NO Are there any special needs that require further follow-up concerning the health and well being of your camper?
- YES NO Does your camper know how to swim without a personal floating device (life jacket)?

Parent/Guardian 1. _____ Phone _____ Parent/Guardian 2. _____ Phone _____

Camper Medication Record

Parent Completes		Nurse Completes												
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13
Please List only medications to be taken at camp DOW _____														
		B L D N	B L D N	B L D N	B L D N	B L D N	B L D N	B L D N	B L D N	B L D N	B L D N	B L D N	B L D N	B L D N
Name of medication _____ Amount of each dose _____ Circle all times to be given: BKfast – Lunch – Dinner – Night														
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Name of medication _____ Amount of each dose _____ Circle all times to be given: BKfast – Lunch – Dinner – Night														

Please list any special circumstances that the camp staff should know about your child?

Signature of Parent or Legal Guardian _____

Date: _____



CAMP KANUGA

CAMPER INFORMATION, PERMISSIONS, AND RELEASE

PARTICIPANT FULL NAME

DATE OF BIRTH

AGE

1. PERMISSION AND ABILITY TO PARTICIPATE. The individual named above ("Camper") has permission to participate in all Kanuga camp activities, except as specifically noted herein by Camper's guardian and/or by an examining physician. I fully understand that some Kanuga camp activities are physically demanding (even to persons in the very best of physical condition), including but not limited to mountain biking, climbing, challenge course, firing of air rifles, archery, sling shots, swimming, rafting, hiking, horseback riding, team sports, pottery, and camping, and that Camper's participation in such activities may lead to physical injury or even death. I hereby certify that Camper is in good physical condition and that I am unaware of any health-related problems that may affect Camper's ability to engage in the activities provided by Kanuga. I HAVE READ THIS CAMPER INFORMATION, PERMISSIONS, AND RELEASE FORM ("RELEASE"), UNDERSTAND ITS TERMS, AND ACKNOWLEDGE THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING.

2. ASSUMPTION OF RISK. I fully understand that there are risks of physical injury associated with, arising out of and inherent in the activities conducted by Kanuga. Camper assumes all risks of participation in all Kanuga activities. I am fully aware that conditions may exist, foreseeable and unforeseeable, that might pose a risk to Camper of physical injury or even death. I understand that Kanuga assumes no responsibility for any injury to the Camper resulting from his or her participation in Kanuga activities, and I agree to assume all risk and bear full responsibility for any injury or damage the Camper may suffer while participating in Kanuga activities.

3. LIABILITY RELEASE. I do hereby fully and forever release, discharge and hold harmless, Kanuga, its owners, agents, and employees, from any and all claims for property damage or personal injury that may arise from my participation in any Kanuga activity or my use of the equipment and facilities provided by Kanuga, including, but not limited to, any and all claims arising from the negligence or carelessness of Kanuga, its owners, agents, and employees, and I hereby waive any rights to any such claims I may have now or in the future. I hereby covenant never to institute or participate in any administrative proceeding, suit or legal action, at law or in equity, against Kanuga by reason of any claim contemplated or released in this Release.

4. ACCURACY OF INFORMATION. I attest that the information given to Kanuga for the Camper, including but not limited to the information given on this Release, is current, correct, accurately reflects the health status of the Camper, and is given freely for the purpose of participating in Kanuga activities.

5. PERMISSION TO TREAT. Kanuga has permission to allow a medical provider selected by Kanuga, including but not limited to a Kanuga staff nurse or medical professional ("Camp Nurse"), to order x-rays, tests, and treatment related to the health of the Camper for both routine health care and in emergency situations. If the emergency contact noted herein cannot be reached in an emergency, Kanuga has permission to allow the designated medical provider to hospitalize, secure proper treatment for, and order injection, anesthesia, surgery, or any other medical treatment for the Camper. If Camper is participating in an Expedition ("Expedition") or Kanuga Leadership Academy ("KLA") program, I understand that all medications for the Camper will be administered by Expedition and KLA staff, not the Camp Nurse, and that the Camp Nurse will serve Expedition and KLA only as a consultant or in emergency situations. I hereby accept responsibility to pay in full for all medical treatment administered to the Camper by Kanuga or by any medical professional designated by Kanuga for any reason.

6. CONFIDENTIALITY. Kanuga is committed to keeping medical information confidential, but I hereby acknowledge that the information included on this Release may be shared with Kanuga staff as needed. I give permission to Kanuga staff to photocopy this form. In addition, Kanuga has permission to obtain a copy of the Camper's health record from any medical providers who treat the Camper, and I grant permission for these medical providers to freely talk with Kanuga staff about the Camper's health status.

7. PERMISSION TO TRANSPORT. I give permission to Kanuga staff to transport the Camper by automobile, bus, or other vehicular means for programmatic purposes or in the event of an emergency, at the discretion of the Kanuga Director.

8. PHOTO RELEASE. I give full rights to Kanuga and its owners, agents, and employees to use, reproduce, or publish photos and video images of me or my child to use for promotional purposes of Kanuga. Photos and video may be used in brochures, websites, advertisements, and other promotional material created by Kanuga. Photos may appear with or without names in press releases and other print advertising.

9. IF CAMPER IS A MINOR. If applicable, as parent/guardian with legal responsibility for Camper, I do hereby consent and agree to Camper's release as provided above of Kanuga, its owners, agents, and employees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless Kanuga, its owners, agents, and employees from any and all liabilities incident to Camper's involvement or participation in Kanuga activities as provided above, EVEN IF ARISING FROM NEGLIGENCE OR CARELESSNESS, to the fullest extent permitted by law. Camper has my permission to participate in Kanuga classes and activities.

10. SEVERABILITY; APPLICATION OF LAW. I agree that if any portion of this Release is held to be invalid, illegal, or unenforceable, that such portion shall be deemed separate, distinct and independent, and shall not invalidate the remaining provisions of this Agreement nor affect the legality, validity or enforceability of this Release. I hereby agree that any legal disputes regarding the interpretation of this Release will be determined by the substantive laws of the State of North Carolina.

CAMPER SIGNATURE (IF 18 YEARS OLD or OLDER)

SIGNATURE OF PARENT/GUARDIAN

DATE