

Camp Velocity Student Health Form

Age _____ Sex _____ Birth date _____
Last Name First Name MI

Address _____ City State Zip

Youth Leader

Immunization Record

Please indicate date of immunizations of the following

<i>Tetanus/Diphtheria:</i>	<i>Polio:</i>	<i>Measles:</i>	<i>Rubella:</i>	<i>Hepatitis B:</i>
DPT/TD	OPV/IPV			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health History:

Check if these apply to your child:

_____ Rheumatic Fever
 _____ Asthma
 _____ Epilepsy
 _____ Diabetes
 _____ Behavior (please describe- e.g. nosebleeds, bedwetting, headaches, sleepwalking, etc.)

Allergies

Aspirin _____
 Penicillin _____
 Other Drugs _____
 Foods _____

Precautions to be observed: _____
 Operations or injuries: _____

Medications:

Drug	Purpose	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event my child should have minor complaints of *uncomplicated/simple* headache, stuffy nose, cough, or diarrhea, I give permission for the registered nurse to administer over the counter medications to help alleviate the symptoms.

Please initial one: _____ Yes, I give permission for the nurse to administer over the counter medications.
 _____ No, I do not give permission for the nurse to administer over the counter medications.

I hereby certify that the above health record is, as of this date, accurate and complete.

Signature of Parent or Guardian

Date Completed

Please attach a photocopy of your current insurance card. (Front and back)

Medical Care Release

We (I) authorize an adult, in whose care (name of child) _____ has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or medical center, whether such diagnosis or treatment is rendered at the office of said physician and said hospital or medical center.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Phone Number _____ Birth Date _____ Age _____

Name of Parent(s) or Legal Guardians(s) _____

Secondary Phone Number (in case of emergency) _____

Insurance Company and Number _____

Please attach a photocopy of your current insurance card. (Front and back)

Liability Agreement:

In consideration for permission and support by Christian Youth Collective and all participating churches for my child to participate in and receive accommodation for Velocity 2021, June 27-July 1, 2021, I, the undersigned, for myself, my heirs, executors, administrators and assigns **do hereby release, hold harmless, indemnify, waive and discharge** Christian Youth Collective and all participating churches, staff members, and their agents (whether paid or volunteer) from and against any and all claims, demands, actions, or causes of action arising from any injuries, illnesses or damages my child may suffer or sustain by participation in Velocity 2021. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in travel to and participation in Velocity 2021, **I do hereby agree to assume all the risks and responsibilities** surrounding my child's participation in this activity or any other activities undertaken in addition thereto.

Signature of Parent(s)/ Guardian _____

Photo Release

I certify that photographs or videotape pictures of my child participating in *Velocity 2021* programs may be reproduced and utilized in promotional materials for the conference.

The undersigned acknowledges having read and understood to foregoing informed consent form.

In witness whereof, I have caused this release to be executed this ____ day of _____, 2021.

Participant's Signature _____

Participant's Printed Name _____

Parent/Guardian Signature _____

Address _____

Phone: Work () _____ Home () _____

COVID-19 SAFETY ACKNOWLEDGEMENT -- LIABILITY WAIVER AND RELEASE OF CLAIMS

COVID-19 SAFETY INFORMATION: While participating in Camp Velocity 2021, all participants agree to abide by required COVID-19 safety protocols. These protocols may include practicing “social distancing,” wearing face coverings while indoors, and other protocols deemed necessary by the Christian Youth Collective (CYC) or required by Tiffin University and/or the governing authorities, and are subject to change at any time. All participants will be provided updated safety protocols prior to Camp Velocity 2021 and upon any changes to the safety protocols. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, CYC has put in place preventative measures to reduce the spread of COVID-19. However, CYC cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

By attending Camp Velocity 2021, I certify that my child does not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19;
- or 3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR: All Participants agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact their church youth leader if he/she experiences symptoms of COVID-19 during Camp Velocity 2021 or anytime within 14 days after participating at Camp Velocity 2021.

As the parent of a participant in Camp Velocity 2021, I do hereby agree to abide by the above COVID-19 guidelines and restrictions. I agree not to send my child to Camp Velocity 2021 if they fall into any of the above restricted categories and agree to provide pickup and transportation from camp if they show symptoms of COVID-19 or have likely been exposed to COVID-19 during Camp Velocity 2021.

Parent’s Signature

Date

As a camper at Camp Velocity 2021, I agree to abide by the COVID-19 protocols provided by CYC and agree to report any symptoms of illness during Camp Velocity 2021 to my church youth leader and/or the camp nurse.

Participant’s Name Printed

Participant’s Signature

Date