

PONDEROSA CAMPER REGISTRATION FORM

To be completed and signed by ALL PARTICIPANTS

NOTICE: For any camp over 72 hours (three days), The Colorado Department of Social Services requires a statement be attached to this form confirming a health screening or physical signed by a physician or nurse practitioner performed in the last twelve (12) months prior to camp.

Date(s) of camp session _____ to _____ Male ___ Female ___
Participant's Name _____ Birth Date _____ Age _____
Address _____
City _____ State _____ Zip _____

If participant is under 18 complete the following information:

Father's / Guardian's Name _____
Place of Employment _____
Day Time Phone (____) _____ Mobile Phone (____) _____
Employment Address _____ City _____ State _____ Zip _____
Home Address (if different from above) _____
Home Phone (____) _____ Work (____) _____
Mother's / Guardian's Name _____
Place of Employment _____
Day Time Phone (____) _____ Mobile Phone (____) _____
Employment Address _____ City _____ State _____ Zip _____
Home Address (if different from above) _____
Home Phone (____) _____ Work (____) _____
Individual(s) authorized to take child from camp (if applicable)
Name _____ Mobile Phone (____) _____
Address _____ City _____ State _____ Zip _____
Camp activities which you do not wish your child to participate in:

HEALTH HISTORY (all participants MUST complete this section)

Is this camper allergic to any food, plants, or medications? Yes No

If yes, please list allergies and describe reaction _____

Describe any special diet which the camper must follow _____

Physician prescribing special diet _____

Please notify Ponderosa at least one week in advance for any special dietary needs.

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Immunization Records: If under 18 - Attach a copy of certificate of immunizations.

Complete the following with dates:

Tetanus _____ Flu Shot _____ Pneumonia Shot _____

Please list all communicable diseases that your child has been in contact with in the last 2 weeks (i.e. common cold, pink eye, strep throat.) _____

Check if you/your child has or had the following and note most recent date:

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Surgeries and Dates |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Measles | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Follow Up Care needed at camp |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Health Concerns for altitudes over _____ | _____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> 7000 feet | _____ |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Other _____ |

ALL MEDICATIONS, PRESCRIBED, OVER THE COUNTER, AND VITAMIN SUPPLEMENTS MUST BE TURNED IN TO THE CAMP NURSE, IN ORIGINAL CONTAINER UPON ARRIVAL AT CAMP !

Medications to Be Administered at Camp: Please list all - Medications must be kept in the original container that identifies the camper's name, pharmacy, prescribing physician, name of the medication, dosage, and frequency of use. Medication will be administered as prescription states on the bottle. Due to state regulations, all camper medications must be kept in the nurse's facility.

Please list all medications clearly. Use back side of this form for additional medications.

Medication: _____ Dosage _____

Hours to be given: _____

Reason for medication: _____

Medication: _____ Dosage _____

Hours to be given: _____

Reason for medication: _____

Over the counter medications are stocked at Ponderosa and used to manage common illnesses or injuries. These medications are dispensed by licensed health personnel as directed by standing orders signed by Ponderosa's supervising physician. **DO NOT SEND MEDICATIONS WITH YOUR CHILD. THEY WILL NOT BE ALLOWED TO KEEP THEM IN THEIR LODGING OR ON THEIR PERSON.**

Please initial by each over-the-counter medication your child is allowed to receive.

- | | |
|---|---|
| <input type="checkbox"/> Tylenol _____ | <input type="checkbox"/> Imodium _____ |
| <input type="checkbox"/> Ibuprofen _____ | <input type="checkbox"/> Hydrocortisone _____ |
| <input type="checkbox"/> Allergy Medication _____ | <input type="checkbox"/> Saline Eye Wash _____ |
| <input type="checkbox"/> Cough Syrup _____ | <input type="checkbox"/> Midol (cramp medication) _____ |

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In an event of an emergency or deemed necessary by the health care professional, your child will be taken to Memorial North Hospital in Colorado Springs unless otherwise noted.

Hospital of Choice (if Memorial North is not acceptable)

Family Physician _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____
Date of Last Physical Examination _____

Emergency Contact Information (please list in order of priority)

Name _____
Relationship to Camper _____
Day Time Phone (____) _____
Mobile Phone (____) _____
Name _____
Relationship to Camper _____
Day Time Phone (____) _____
Mobile Phone (____) _____
Name _____
Relationship to Camper _____
Day Time Phone (____) _____
Mobile Phone (____) _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE (DHS 7.711.61,A 9)

I hereby give my permission to Ponderosa to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for myself/child _____ should an emergency arise. It is understood that Ponderosa will make a conscientious effort to locate the emergency contacts listed on the registration form when any action is taken .If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Participant's Signature _____

If under 18, Parent/Guardian Signature _____

Date _____ Relationship _____

INSURANCE INFORMATION

Please provide information concerning any insurance benefits for which your child is eligible.

Insurance Carrier _____

Policy # _____

Ponderosa provides a limited accident reimbursement program to registered guests participating in sponsored activities. Any applicable claims must be submitted to the Ponderosa office.

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PHOTO RELEASE AUTHORIZATION

The signature below authorizes Ponderosa Retreat Center and assigns the worldwide rights to use, publish or reprint in whole or in part, any statement, picture, video/film, endorsement, quotation or other material while at Ponderosa Retreat Center.

The Undersigned acknowledges that the permission granted herein is non-revocable, and that no further payment or acknowledgement is due therein.

PARENT/GUARDIAN SIGNATURE

Date
