All Campers must submit this form. PLEASE CHECK HERE IF NO MEDICATIONS \_\_\_\_\_

Box 36, Como, CO 80432 719.836.2382 www.campcomo.com





# Camper Medication Chart

Day		Medication	Dose	Time		Medication	Dose	Time		Medication	Dose	Time
Example	x	Zyrtec	1 Tablet	Before Bed	x	Methylphenidate	54 mg	After Breakfast	x	ProAir Inhaler	2 Puffs	As Needed
Monday												
Tuesday												
Wednesd ay												
~,												
Thursday												

All medication must be in its original container(s) and display dispensing instructions, including Over the Counter, Vitamins, Herbs, Homeopathic, etc.

Parent/Guardian Signature:	Date:
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## Medical Treatment Authorization and Consent & Emergency Contact

I,[Full Legal Name of Parent/Guardian], being the [parent/legal gua	rdian] of[Child's Full Name] authorize
Camp Como to seek, obtain and consent to emergency medical care and dental treatment f	or [Child's Full Name] as deemed necessary by a licensed
medical or healthcare professional. This authorization is for the time period when my child	is at Camp Como in the care of Molly Polletta, our church's Youth/Children's Pastor
and is effective July 5 through 8, 2021.	
Child's Information	
Child's Full Name:	
Address:	

Date of Birth: \_\_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Information

Parent's/Guardian's Name 1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (H):	Phone Number (M):	
Parent's/Guardian's Name 2:		
Address:		
Phone Number (H):	Phone Number (M):	
Child's Health Information		
Health Conditions (e.g. Asthma, Diabetes):		
Allergies (e.g. to Medications, Food):		
Prescription Medications:		
Date of Last Tetanus Injection/Booster:		
Child's Medical Care and Insurance Information		
Physician/Pediatrician:	Phone Number:	
Dentist/Orthodontist:	Phone Number:	
Preferred Medical Facility:		

Insurance Company:	
Policy/Group Number:	Policy Holder:
SIGNATURE OF PARENT/GUARDIAN	
Signature	Date
Print Name	

# **GENERAL INFORMATION**

#### GENERAL SUMMER CAMP POLICIES

Participants are covered by their own personal insurance or their church's policy if they do not have personal insurance. Camp Como is not responsible for costs associated with physical injury that occurs while staying at Camp Como or through participating in any program offered.

Alcoholic beverages, vulgar language, tobacco, illegal drugs, sexual misconduct, and fireworks are prohibited.

Camp Como discourages campers coming with electronics or other valuables and is not responsible for the loss or theft of personal belongings.

Any repair costs for damage to the camp facilities that are a result of misuse of an individual will be billed to the individual family.

#### CANCELLATION POLICY

Camp Como plans to always follow through with hosting planned events and is committed to continue to do so. However, a national disaster or act of terror could render Camp both unable to host a planned event and unable to return your deposits. Camp hires staff and purchase equipment based on your reservations. Please be advised that if a Camp Como event is cancelled due to such extraordinary circumstances, your deposits may not be refunded regardless of other published cancellation dates and deadlines.

#### WEATHER CANCELLATION

Camp Como has your group's safety in mind as we host events. If Camp is unable to host an event due to weather conditions, deposits cannot be refunded. Refunds/Partial refunds of final balance payments will be made only if possible, and are not guaranteed. If an event is hosted as scheduled and your group cancels or reduces numbers due to weather conditions, all payments are non-refundable.

#### COVID-19 POLICY

By registering my child(ren) for Camp Como, I understand the contagious nature of COVID-19 and voluntarily and knowingly assume the risk of exposure to or infection by COVID-19 that could result from my child(ren)'s attendance at Camp Como. We will comply with current state regulations in regards to COVID-19. My child(ren) has not been

sick and has not had a fever in the past 72 hours. If my camper(s) should test positive for COVID-19 within 14 days of attending Camp Como I will notify camp staff promptly.

# MEDICAL POLICY

Camp Como is committed to the overall health and safety of campers and staff. Camp's intention is to have a medical professional on site during each of our programmed events. The role of this individual is to advise group leaders and assist with medical emergencies.

# MEDICATION POLICY

Medication administration will be the responsibility of Camp's medical professional in conjunction with the camper's church leadership. Camp will collect all medications and keep them secured in a locked box so campers do not have direct access. They may only be dispersed in accordance with the Medication Chart form submitted with your camper's registration and must be in original containers with labels intact.

## MINOR MEDIA RELEASE AGREEMENT

The undersigned gives Camp Como permission to use photos, videos, or audio footage taken during any ministry trip/related event for the purposes and promoting, celebrating, or communicating Camp Como's ministry.

# CAMP COMO COMMUNITY GUIDELINES

In order to provide a positive, encouraging, and Christ-centered environment and program, Camp asks all campers agree to the following community guidelines:

- 1. Modesty in clothing is the guiding rule.
- 2. Shoes must be worn at all times.
- 3. Do NOT bring electronic devices.
- 4. All campers are to display Christ-like characteristics in language and conduct.
- 5. Camp property is to be respected. Any damage will be charged to the responsible person(s).
- 6. Campers are to attend scheduled activities. No one is to leave the grounds without permission.
- 7. Camp leadership reserves the right to dismiss non-compliant campers.
- 8. Cars must be parked in designated areas.

9. Tobacco, marijuana, alcohol, and illegal drugs are prohibited.

Camper's Name:	
Parent's Printed Name:	
Parent's Signature:	
Date:	