



Camp Tuhsmeheta

Camper Information and Consent Packet

Section 1: Contact Information

Please complete the following information:

Camper

Camper's Name (Please print):		
Gender:	Date of Birth:	
Address:		
City:	State:	Zip:
Phone Number:	Email:	

Parent/Guardian

Parent/Guardian's Name (Please print):		
Address:		
City:	State:	Zip:
Phone Number:	Email:	

Emergency Contact

Emergency Contact's Name (Please print):	
Phone Number:	Email:
Secondary Emergency Contact's Name (Please print):	
Phone Number:	Email:



Section 2: Camper Health History

Please complete the following information:

Health Information

Does the camper have any of the problems listed below?

Hay fever, asthma, wheezing, eczema or frequent skin rashes, convulsions, seizures, heart trouble, diabetes, frequent colds, sore throat, ear aches, speech difficulties, menstrual problems, dental problems or other issues that would be important for health personnel to know? Please explain.

Does the camper take any medications currently? Please explain kind, frequency, and dosage.

Does the camper have any severe allergies? If yes, please list below.

Is the camper's immunizations up to date? If no, please list immunizations that are not up to date.



Section 3: Camp Tuhsmeheeta Informed Consent

Please carefully read the following information:

Acknowledgment of Risk

Your group/organization/camp leader has chosen to use Michigan Department of Education, Camp Tuhsmeheeta (Camp T) staff to offer one or more adventure activities during the stay on Camp T property. This may include, but is not limited to, group games, initiatives, climbing tower and/or archery program. Trained leader/instructor/facilitator(s) will provide safety orientation and facilitate the activity. However, there is a potential for injury and this risk must be assumed by each camper. At no time will you (your child) be forced to participate. Participation in individual activities and elements is voluntary at all times. We require that each camper have health or accident insurance and/or be covered under a group liability or workers compensation insurance plan. In addition, certain health information must be shared with our instructor/facilitators so that we are prepared to respond appropriately if the need arises. Please complete Section 2 Camper Health History of this document and return it signed to your group leader prior to your adventure education experience.

Health Information

Below are some common health history issues that campers should consider prior to the adventure experience. Please consider your health carefully and discuss any concerns with your group leader and Camp T staff prior to engaging in the activities: cardiac or pulmonary conditions, fainting spells or convulsions, pregnancy, back or neck injury, shortness of breath, high blood pressure, recent injuries, insect allergies or any orthopedic problems.

Informed Consent

By signing this document I acknowledge that I understand there are risks of personal injury accompanying myself or my child's participation at Camp T. I acknowledge that I have been informed as to the nature of these activities and the possible risks associated with them. I have considered the health information section and affirm myself or my child is able to participate in these activities. I understand that myself or my child may choose to not participate in any activity. Furthermore, I give the staff permission to seek necessary treatment by licensed medical personnel in the event of an emergency.

By signing this document I hereby expressly agree to hold harmless, defend and indemnify the State, its agents and employees, from and against any and all claims, suits, demands, actions, liabilities, damages, causes of actions or judgments any manner be imposed on or incurred by the State, its agents and employees, for bodily injury, loss of life, and/or damage to property, including the State's agents, employees, and property, resulting from, arising out of, or in any way connected with the use of the premises.

Medical Emergency Care Authorization (Excerpted From OCAL-3978)

BY SIGNING THIS DOCUMENT YOU ARE GRANTING THE OPERATOR OF CAMP TUHSMEHETA AUTHORITY TO SECURE EMERGENCY MEDICAL, SURGICAL TREATMENT FOR YOUR CAMPER WHILE ATTENDING CAMP IF THERE IS INSUFFICIENT TIME TO CONTACT YOU. YOU ARE GIVING THE CAMP OPERATOR PERMISSION TO SECURE ROUTINE, NONSURGICAL MEDICAL CARE FOR YOUR CHILD WHILE ATTENDING CAMP.

IN ACCORDANCE WITH MCLA ACT 116 OF THE PUBLIC ACTS OF 1973 AND THE RULES FOR LICENSING CHILDREN'S CAMPS, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR GUARDIAN UNLESS THERE IS RELIGIOUS OBJECTION.

MCLA 722, 124A, SECTION 14A(2) STATES: "A PARENT OR GUARDIAN OF A MINOR CHILD WHO VOLUNTARILY PLACES A CHILD IN A CHILD CARE ORGANIZATION SHALL EXECUTE A WRITTEN INSTRUMENT INVESTING THE ORGANIZATION WITH AUTHORITY TO CONSENT TO EMERGENCY MEDICAL AND SURGICAL TREATMENT OF THE CHILD. THE PARENT OR GUARDIAN SHALL CONSENT TO ROUTINE, NONSURGICAL MEDICAL CARE.

Media Release

By signing this document I hereby grant Michigan Department of Education-Low Incidence Outreach, and to its employees and agents the right to photograph and/or videotape my dependent, and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing. These photos will be used in advertising Camp Tuhsmeheeta.



Section 4: Signatures

By signing below I acknowledge to understand and agree to the aforementioned information found in Section 3 (Informed Consent) of the Camp Tuhsmeheeta Camper Information and Consent Packet.

I certify that the camper information and health history I entered above is true to the best of my knowledge.

Camper Signature

Date

Parent/Guardian Signature (If camper is a minor)

Date