



Section 1 Camper Information

Please complete the following information:

Camper Information

| | | |
|--------------------------|----------------|------|
| Camper's Name (Printed): | | |
| Gender: | Date of Birth: | |
| Address: | | |
| City: | State: | Zip: |
| Phone Number: | Email: | |

Parent/Guardian Information (If camper is a minor)

| | | |
|-----------------------------------|--------|------|
| Parent/Guardian's Name (Printed): | | |
| Address: | | |
| City: | State: | Zip: |
| Phone Number: | Email: | |

Emergency Contact Information

| | |
|---|--------|
| Emergency Contact Name (Printed): | |
| Phone Number: | Email: |
| Secondary Emergency Contact Name (Printed): | |
| 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 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 staff to offer one or more adventure activities during the stay on Camp Tuhsmeheeta 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 participant. 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 participant 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 the information below and return it signed to your group leader prior to your adventure education experience.

Health Information

Below are some common health history issues that participants should consider prior to the adventure experience. Please consider your health carefully and discuss any concerns with your group leader and Camp Tuhsmeheeta 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 Tuhsmeheeta. 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 my child is able to participate in these activities. I understand that 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)

Notice:

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.

No Lice/No Nit Policy

Purpose:

To prevent the spread and transmission of lice at Camp Tuhsmeheeta.

Plan:

Since Camp T is a close community in that people live for 24 hours a day in near proximity of one another, it is important to make sure staff and campers are protected from parasites and bugs which thrive on human hosts.

1. A health and lice screen will be conducted on every camper by a trained screener before the camper leaves custody of a parent/guardian

2. If lice or nits are located on a potential camper, the child would be unable to attend camp until they are free of lice/nits.
3. In the event a camper has been identified to have lice when at Camp Tuhsmeheeta; the following steps will be taken:
 - Camp Tuhsmeheeta staff will contact Remedy Lice Boutique (located at 5258 Plainfield NE Suite E, Grand Rapids, MI 49525) to assess and treat the child. The cost of a treatment is between \$150-\$160 dollars (reimbursed by the family when applicable). The length of treatment is typically 2 hours. A Camp T representative will remain with the camper while treatment is taking place and transport the camper back to camp.
 - Camp Tuhsmeheeta staff will take child's sleeping bag/bedding, clothing and personal belongings and dry at highest temperature setting for a minimum of 30 minutes to kill any lice.
4. Parents / Guardians will need to sign a statement indicating they understand the No Lice / No Nit Policy and that if treatment is indicated and refused, the parent/guardian will pick the camper up.

No Lice/Nit Policy Acknowledgment

By signing this document I acknowledge that I understand the No Lice/No Nit Policy as it is written above. I give my permission to screen my child and, in the event he/she has been identified to have lice/nits while at Camp Tuhsmeheeta, I also give permission to Camp Tuhsmeheeta to transport and provide treatment through the Remedy Lice Boutique on Plainfield Ave or if necessary over the counter treatments at Camp Tuhsmeheeta. I understand that if treatment is refused, I will be responsible for picking up the camper.

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 three of the Camp Tuhsmehta 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