

# QUINIPET CAMP & RETREAT CENTER – WINTER WEEKEND PERMISSION FORM

## WINTER WEEKEND 2019:

Quinipet Camp & Retreat Center's WINTER WEEKEND involves a variety of activities and camp games that involve a degree of physical activity. Off-site activities scheduled are the following (weather permitting): [Ice Skating in Greenport](#), and a winter hike in [Mashomack Nature Preserve](#). There is a risk, which must be assumed by each participant that he or she may suffer physical injury. Certain health/medical information must be made known to the camp staff conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to Quinipet Camp & Retreat Center by Friday, December 21, 2018. **This form is required.**

### PARTICIPANT INFORMATION

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact\* \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

(\*Please be sure to inform this contact that they are listed as such on this form.)

### HEALTH INFORMATION

Does your camper have any **limiting physical disabilities** (temporary or permanent)? \_\_\_\_ Yes \_\_\_\_ No

If yes, identify and explain \_\_\_\_\_

\_\_\_\_\_

Are they currently taking **prescribed medication** \_\_\_\_ Yes \_\_\_\_ No

If yes, state what they are taking and what condition it is for (must be brought to camp in original packaging and accompanied by prescribed doctor's orders)

\_\_\_\_\_

\_\_\_\_\_

Do they have any **allergies, reactions to medications**, or any other **medical limitations**? \_\_\_\_ Yes \_\_\_\_ No

If yes, please identify and explain \_\_\_\_\_

\_\_\_\_\_

### PARENT/GUARDIAN PERMISSION TO SEEK EMERGENCY HEALTH CARE:

This health information is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. I agree to pay for all medical or dental costs incurred.

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

Please return this form by December 21, 2018 by mail, email, or fax:

Quinipet, P.O. Box 549, Shelter Island Heights, NY 11965 | EMAIL [quinipet@nyac.com](mailto:quinipet@nyac.com) | FAX (631) 749-3403