

PLEASE RETURN THESE FORMS TO SOUND TO SEA

Name

_____ Last _____ First _____ Middle _____

Summer Sound to Sea Day Camp Medical Form

Name _____ Age _____ Rising Grade in the Fall _____
Address _____ City _____ State _____ Zip _____
Date of Birth ____ - ____ - ____ Sex ____ Weight _____ Height ____ ft ____ in T-Shirt Size _____

Parents or Guardians _____		
Home Phone (____) ____ - ____	Work Phone (____) ____ - ____	Mobile Phone (____) ____ - ____
Home Phone (____) ____ - ____	Work Phone (____) ____ - ____	Mobile Phone (____) ____ - ____
Family Physician/Doctor _____		Phone (____) ____ - ____
In case of emergency, notify the following if a parent cannot be reached:		
Name _____	Relationship _____	Phone (____) ____ - ____
Name _____	Relationship _____	Phone (____) ____ - ____

Home and Health Questionnaire

- 1) Please give the date of the child's last diphtheria - tetanus or tetanus booster _____.
(This must be current).
- 2) Is this the child's first day camp experience? _____
- 3) Please list any current activity restrictions or other concerns (such as recent sprains, fractured bones, recent hospitalizations, learning disabilities, physical disabilities, special diet (vegetarian/religious restrictions)) _____

- 4) Please list any allergies (including food, environmental, medication) and **explain degree of severity** and treatment. (For example: if your child is allergic to peanuts, do they react to eating the nut itself, products containing peanut oil, food processed on machines that also process nuts, or all three?)

- 5) **IF YOUR CHILD HAS AN ANAPHYLACTIC (EPI-PEN) ALLERGY** to anything, please describe in detail what things should be avoided, and what reactions we should watch for. **If it is a food allergy, please let us know if it is an allergy of ingestion, contact and/or inhalation and if there are other types of exposure that would be harmful to your child**

- 6) Please list any chronic or recurring illnesses (ear/throat infections, asthma, diabetes, convulsions, etc.) and explain _____

- 7) Additional information _____

These must be filled in.

Name _____
 Last First Middle

Medical Policy for Campers

Legal and insurance regulations do not permit us to administer prescriptions or over the counter medicines. If you child has need of medicine administration, we request that it be dispensed at home prior to or after Sound to Sea programs.

In the event that a child has an illness or accident during the program, which requires a visit to the doctor or hospital, the existing family policies will represent the primary insurance coverage. All Sound to Sea Instructors have Basic First Aid and CPR Training and carry a medical kit with them at all times.

Epi-Pen Policy

Any child attending Trinity Center's Summer Sound to Sea Environmental Education Day Camp who is anaphylactically allergic to foods or insect stings and who possesses an Epi-pen must bring it with them every day. All Summer Sound to Sea Instructors are trained to administer Epi-pens.

If parents forget to bring an Epi-pen to camp, we will ask that it be brought to our facility as soon as possible. In the event of an emergency, we do have an Epi-pen and an Epi-pen Junior on site.

Participant Behavior

All of the participants in the Sound to Sea program are responsible for their conduct and must be willing to abide by the rules and behavioral guidelines established for the program. We ask that participants and parents review and discuss these guidelines. Each must be willing to support these guidelines in order for the camper to be eligible for the program. The specific guidelines for conduct include:

- Campers will remain with their group and a Sound to Sea staff member at all times.
- Because of the detrimental impact on wildlife, chewing gum is not allowed at Sound to Sea.
- Use and/or possession of drugs, alcohol, tobacco, firearms, knives, firecrackers, matches, lighters and other items deemed dangerous is strictly forbidden.
- Campers will take responsibility for their own safety, carefully listening to rules and instructions. Unsafe behavior resulting from failure to follow instructions from Sound to Sea staff may result in dismissal from the program.

I understand that Sound to Sea, Trinity Center's Environmental Education Program, is a group experience and that I (my child) will be required to participate fully in all activities. I also understand that I (my child) will engage in outdoor activities that require following safety rules set down by the Sound to Sea Instructor. I agree to abide by and support the guidelines set forth.

Photo/Video Release Permission

I do/ do not (please check one) give permission for images of my child, captured during Summer Sound to Sea activities through video, photo and digital camera, to be used solely for the purposes of Summer Sound to Sea promotional material and publications, and waive any rights of compensation or ownership thereto.

Camper Signature _____		Date _____	Signature Required
Parent/Guardian Signature _____	Relationship _____	Date _____	

REQUIRED FOR SOUND TO SEA PARTICIPATION

Camper Registration Form

Camper Name: _____

I give permission for _____ to participate in the Trinity Sound to Sea Environmental Education Program held at Trinity Center located in Pine Knoll Shores, North Carolina from _____ to _____ and participate in educational activities.

Should my child sustain or incur any accident or illness while attending Trinity Sound to Sea Environmental Education Program, I hereby authorize the Director, or his/her agent, to perform reasonable Good Samaritan actions; to determine whether the child should be transported to an urgent care or hospital facility; to arrange transit if necessary; and to notify parents or guardians as listed on this form. Doctors and hospitals generally seek parental releases for treatment, though emergency and life threatening situations are dealt with on a case by case basis.

In the event that a child has an illness or accident during the program which requires a visit to the doctor or hospital, the existing family policies will represent the primary insurance coverage. I understand that my child will engage in outdoor activities that could involve risk of injury and that by allowing my child to participate, I assume all responsibility for injuries resulting from my child's unsafe and/or inattentive behavior or failure to follow instructions from group leaders of the activity.

I understand that the director may dismiss my child from the Sound to Sea Program if, in their opinions, his or her conduct is not in the best interest of the entire group. I also understand that I am responsible for transporting my child in the case of a discipline or medical problem where it is deemed necessary for the camper to return home.

I further agree that in consideration of my child attending Trinity Sound to Sea Environmental Education program, I will hold the said Trinity Center harmless from any action by me or my child on account of any injury or damage sustained or suffered by my child while attending Sound to Sea. I hereby waive any right of legal action against Sound to Sea, Trinity Center or the Episcopal Diocese of East Carolina.

Signature _____	Relationship _____	Date _____
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**Signature
Required**

Insurance Information

This section to be completed by a parent or guardian.

Is your student covered by a health or accident insurance policy? **Yes** ___ **No** ___

If "yes," list policy type (school or other) _____

Address of Insured (Student) _____

City _____ State _____ Zip Code _____

Name and Address of Employer/Employee that provides coverage:

Name _____

Address _____

City _____ State _____ Zip Code _____

Name and Address of Insurance Company (Address to submit claims)

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number of Company (____) ____-____ Policy # _____

Insurance Agent _____ Address _____

City _____ State _____ Zip Code _____