



CAMP DEMIGOD



LITERARY and STEM+ARTS+MOVEMENT CAMPS
Camp Half-Blood Vancouver, BC / Port Roberts, WA Branch

2017 DIGIVATIONS CAMP DEMIGOD

MEDICAL INFORMATION AND WAIVER AND RELEASE OF LIABILITY

PLEASE ELECTRONICALLY SIGN THIS FORM AFTER YOU HAVE READ IT IN ORDER TO COMPLETE YOUR ONLINE REGISTRATION. THIS FORM WILL BE SENT TO YOU AS A PDF FILE IN YOUR REGISTRATION CONFIRMATION EMAIL FOR YOUR ORIGINAL SIGNATURE AND THE SIGNATURE OF THE CHILD'S DOCTOR. **ORIGINALS MUST BE BROUGHT TO CAMP AT CHECK-IN** and COPIES MUST BE MAILED TO DIGIVATIONS CAMP DEMIGOD, P.O. BOX 861, Mercer Island, WA 98040 AT LEAST 1 WEEK PRIOR TO YOUR CHILD'S SESSION. PLEASE KEEP A COPY OF THE SIGNED DOCUMENTS FOR YOUR RECORDS.

A. You acknowledge, understand and agree on behalf of yourself and your child that your child's participation at DIGIVATIONS CAMP DEMIGOD INSTITUTE is voluntary and that all information concerning your child's health and medical condition requested on the 2016 DIGIVATIONS CAMP DEMIGOD CAMPER MEDICAL & HEALTH FORM is accurate and complete and must be provided to DIGIVATIONS CAMP DEMIGOD INSTITUTE leadership (see below). If such information is not provided to DIGIVATIONS CAMP DEMIGOD INSTITUTE Leadership or is found to be incomplete, your child will not be allowed to enroll in and attend DIGIVATIONS Camp Demigod (referred to hereinafter as "CAMP" or "DIGIVATIONS Camp Demigod" or DIGIVATIONS CAMP DEMIGOD INSTITUTE) and no refund will be provided.

B. You acknowledge, understand and agree on behalf of yourself and your child that you accept complete and full financial liability for any and all medical care of any kind and nature required to be rendered or rendered to your child should your child become ill or injured for any reason while attending CAMP, or thereafter, and you release and indemnify CAMP from any and all such financial responsibility, and claims and liability of any kind or nature related thereto.

C. You further acknowledge, understand and agree on behalf of yourself and your child that the enrollment form titled WAIVER AND RELEASE FROM LIABILITY, COVENANT NOT TO SUE, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT governs any and all issues of any kind or nature regarding any injuries, claims of liability, and/or negligence arising in connection with your child's medical and health issues in any way related to your child's participation at CAMP.

D. You acknowledge, understand and agree that the term, "You" as used herein shall be interpreted to refer to both myself, and shall also encompass my and my minor child's heirs, agents, personal representatives and assigns.

PLEASE READ BEFORE SIGNING!

Confidential PARENT/LEGAL GUARDIAN'S & PHYSICIAN'S INITIALS: _____

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Your child will only be admitted to the CAMP Programs with a named physician. We ask for the physician's name, along with the physician's contact information. Additionally, it is required that you provide the name of the medical insurance carrier and policy number, and social security or social insurance number for your child.

If your child is not covered under a health insurance plan, whether offered by a private carrier, employer, federal, state or provincial program (e.g. MSP), we cannot enroll your child in CAMP.

As referenced herein, you acknowledge, understand and agree, on behalf of yourself and your child that you accept complete and full financial liability for any and all medical care of any kind and nature required to be rendered or rendered to your child should your child become ill or injured for any reason while attending CAMP, or thereafter, and you release and indemnify CAMP from any and all such financial responsibility, and claims and liability of any kind or nature related thereto.

If your child should need to be restricted from any activity, you will be asked to inform us with the specifics. You further certify that your child is in good health and able to participate in the program activities. You authorize the CAMP staff to attend to health problems or injuries your child may incur while attending CAMP. You acknowledge, understand and agree on behalf of yourself and your child that you are responsible for all medical expenses due to your child's illness or injury.

You will also be asked to identify any medical condition or history that would require special attention. You will need to certify that the named child is physically able to participate in all activities, including, but not limited to sports, games, computer instruction, and that you know of no restrictions, physical impairments, or any other factors, which in any manner may limit his/her participation in such a program.

FULL DISCLOSURE OF ALL ALLERGIES INCLUDING FOOD AND MEDICATIONS; DRUG REACTIONS; & IMMUNIZATIONS:

You acknowledge and understand on behalf of yourself and your child that you have been asked on this and other registration forms to completely disclose and chronicle any and all known allergies including, but not limited to medications, food and nuts your child may have or does have.

You are being asked on behalf of yourself and your child on this and other registration forms if your child is bringing an EPIPEN to CAMP. If your child is bringing an EPIPEN, you will be asked to verify the prescription and bring 2 (two) EPIPENS to CAMP; one for CAMP staff and one for your child to carry on their person. We cannot admit your child into CAMP without 2 (two) EPIPENS; this is for your child's safety.

You are being asked on behalf of yourself and your child to supply complete, full and accurate immunization information on this registration form. You will need to verify that the health history you are providing regarding your child is correct and complete, and that your child has permission to engage in all CAMP activities except as noted. **YOUR CHILD WILL NEED TO SELF-ADMINISTER INJECTIONS UNDER OBSERVATION OF OUR STAFF.**

MEDICAL INFORMATION REGARDING ANY AND ALL MEDICAL ILLNESSES, CONDITIONS, ALLERGIES AND MEDICATIONS USED MUST BE FULLY DISCLOSED

You are being asked on this registration form to enter completely and accurately all known illnesses or conditions which your child has or has had including allergies and

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drug reactions. You are being asked on behalf of yourself and your child on this registration form to fill out a list of prescribed medications and essential vitamins your child **MUST** take while attending CAMP. You understand and acknowledge on behalf of yourself and your child that if your child is taking medication and/or essential vitamins as prescribed by a physician, all medications and vitamins must be brought to CAMP in the original container and provided by you to the CAMP Director/Leadership. The original container must identify (in English) the prescribing physician (if a prescription drug), the name of the medication and essential vitamins, the dosage, any side effect, and the frequency of administration.

MEDICATION ADMINISTRATION

Upon arrival at CAMP, all medication and essential vitamins must be placed in the care of our CAMP Director/Leadership which will be provided to the Health & Safety Coordinator. Medication and essential vitamins brought to CAMP **MUST** match what is listed in the child's 2016 DIGIVATIONS Camp Demigod CAMPER MEDICAL & HEALTH FORM set forth herein. Our staff will supervise self-administration by your child of the dosage as listed on the container. Please provide a physician's note if your child's dosage differs from what is listed. You understand on behalf of yourself and your child that any discrepancies may result in long delays at check-in and may require the cancellation of the registered CAMP session for your child, without a refund. Please refrain from bringing non-essential vitamins and/or supplements to CAMP. Our CAMP staff kindly appreciates your full cooperation. Thank you for understanding.

If your child needs injections (insulin, hormones, etc.) and/or to be tested through the use of your child's physician authorized medical diagnostic testing kit, your child will need to self-administer the medication and/or diagnostic test under observation of our CAMP staff authorized to observe such administration. CAMP Staff is not trained in this area.

You further understand and acknowledge on behalf of yourself and your child that no one at CAMP is authorized to give your child any over-the-counter medication without written permission. In most cases, our CAMP personnel are not professional nurses or doctors, and have not been trained in medicine. CAMP will have one professional, most likely a nurse, who is trained in medication administration procedures.

PARENTAL RESPONSIBILITY TO RETRIEVE PRESCRIBED MEDICATIONS AND VITAMINS

You understand and acknowledge on behalf of yourself and your child that it is the responsibility of all parents/guardians to retrieve their child's medication and essential vitamins (MEDS) from the CAMP staff at the end of the session. If the MEDS are not picked up within seven days, all MEDS that are still left behind after that grace period will be disposed of at the end of each session. Should CAMP dispose of any MEDS pursuant to this policy, CAMP shall not be responsible for any damages or liabilities related to or arising in any way to disposal of such MEDS, including, but not limited to replacement cost of the MEDS and any damages resulting from participant's failure to administer such MEDS. CAMP, by law, is not allowed to mail MEDS, so please be sure to retrieve all MEDS before you leave CAMP.

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DIETARY RESTRICTIONS AND FOOD ALLERGIES

If your child has a dietary restriction, you **MUST** inform us on this form and other enrollment forms. The **CAMP** Leadership will consider the dietary restriction in determining whether or not to accept your child's registration. While the **CAMP** is willing to make reasonable efforts to accommodate your child, you understand, acknowledge and agree on behalf of yourself and your child, that the **CAMP**, shall not be responsible for any damages or liabilities to your child related in any way, directly or indirectly, to any allergic reactions, illness or death resulting from any negligence or otherwise experienced by your child due to any food allergies. Please refer to enrollment form titled **WAIVER AND RELEASE FROM LIABILITY, COVENANT NOT TO SUE, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**.

PLEASE NOTE:

As part of the on-line registration, you are being asked to understand, acknowledge and agree on behalf of yourself and your child that you have read and signed the **MEDICAL INFORMATION AND WAIVER AND RELEASE OF LIABILITY** and that you have read the **2016 DIGIVATIONS CAMP DEMIGOD CAMPER MEDICAL & HEALTH FORM**. Upon completion of on-line registration, you will receive as part of your confirmation, a pdf file of the **2016 DIGIVATIONS CAMP DEMIGOD CAMPER MEDICAL & HEALTH FORM** provided below (Health Form). The Health Form must be completed by a Parent/Guardian, and a licensed physician's initials **MUST BE** written on each page, and such physician's signature must be signed on the final page which serves to authorize the Health Form.

Print each page of this form. Each page must be reviewed and initialed by **YOU** and transmitted to **CAMP** three week's prior to your child's arrival at **CAMP**. We require original signatures at **Camp** when you register. You must also mail a copy to **DIGIVATIONS Camp Demigod, P.O. Box 861, Mercer Island, WA 98040**.

Signature of Parent/Guardian Date _____

Please Print Parent/Guardian Name

Print Name of Minor Child

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DOCTOR MEDICAL FORM

To the extent my child is a minor child (under the age of 18), I acknowledge, represent and warrant, that I have the full legal consent and authority to sign this document on behalf of my minor child as his/her guardian and am in fact signing this document as the authorized guardian on behalf of my minor child.

Dr. Steven Lee Berman and Anne Deane Berman, PhD
DIGIVATIONS Co-Founders, A NASA Award Winning International STEM+ARTS+MOVEMENT Creative Technology Learning Lab. www.digivations.com

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Point Roberts, WA 98281
Phone: 360-543-5641
Fax: 360-945-1299
Web: www.digivationsinstitute.org and www.digivations.com
Phone: 604-628-9825

***As part of your on-line registration form, please check that you have read this form. Once your register, you will then receive a pdf file of this form as part of your confirmation email which you will then print out so it can be initialed and signed by you and your physician as designated.**

*** You MUST Print each page of this form. Each page must be reviewed and initialed by you on behalf of yourself and your child, and initialed and signed by your child's physician. Your physician's signature must be signed on the final page which serves to authorize this Health Form.**

This HEALTH FORM is to be completed with/by a physician as referenced, and transmitted to CAMP three week's prior to your child's arrival at CAMP. We require original signatures: Fax to the attention of CAMP using fax number (360) 945-1299 or mail to P.O. Box 92, Point Roberts, WA.

Name of Minor Child _____

Print: Last Name, Middle Initial and First Name _____

D.O.B. ____ / ____ / ____ Sex _____
Day Month Year

Parent(s) or
Guardian(s) _____

Home Address City/Town _____

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Province/State _____ Postal/Zip Code _____

Phone (Home) _____ Phone (Mobile) _____

In emergency, notify (other than parent)

Relationship to Child

Phone (Home) _____ Phone (Mobile) _____

US Health Insurance Provider _____

Policy Number: _____

State: _____

Provincial Health Care Number _____ Province: _____

Other Insurance Provider* Name & Policy #

Other Insurance Phone Number:

* If you have a Third Party, Blue Cross or any other extended care coverage, please include a scan or photocopy of both sides of the insurance card in order to facilitate direct billing when possible.

Immunizations (state the year last received)

MMR (measles, mumps, rubella) _____ Tetanus _____ Diphtheria _____ Pertussis _____

Hepatitis A _____ Hepatitis B _____ Polio Varicella (chicken pox) _____
or Year your child had chicken pox _____

If your child has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Parent/Guardian _____ **Date** _____

List all recent/significant illnesses, operations:

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Skin/scalp concerns _____ Bed Wetting _____

If your child is female, is she menstruating? _____ Any concerns?

Dietary Restrictions

Medication and Essential Vitamins:

*** Please list ALL the medications and essential vitamins (MEDS) your child will be taking or will be bringing to CAMP. These records will be used by medical personnel who are recommended to the CAMP if your child requires routine or emergency care. We are requesting that all MEDS that need to be dispensed at CAMP be presented to Camp Leadership in their original containers and properly labeled with explicit dosage and administration instructions. Please contact the CAMP office for more information at 360-543-5641.**

- This child will not be taking any medications while at CAMP
- This child will take the following medication(s) while at CAMP. Name of Medication and Essential Vitamins:

Parent/Guardian Authorization of Health Care

This health history is correct and accurately reflects the health status of the child attending CAMP to whom it pertains. The child described herein has permission to participate in all CAMP activities except as noted by me and/or an examining physician. I give permission to the physician, nurse, pharmacist or medical staff selected by CAMP to order, dispense or provide x-rays, routine tests, medications and treatment related to the health of my child for both routine health care and in emergency situations.

IN CASE OF SURGICAL EMERGENCY, and I am not immediately available for consultation, I hereby give permission to the physician or medical staff recommended to the CAMP staff to hospitalize, secure proper treatment for, and to order injection, anesthesia and/or surgery for my child, as named above. 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, CAMP has permission to obtain a copy of my child's health record(s) from providers who treat my child and these providers may talk with CAMP staff about my child's condition and health status.

Signature of Parent/Guardian: _____ Date: _____

City: _____ Province/State: _____

Country: _____

Name _____

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Name of Medication	Dosage	When it is taken? (breakfast, lunch, dinner, bedtime, as needed)	How it is given? (inhaler, orally, injection)	Reason for taking medication

D.O.B. ____/____/____ Sex ____
Day Month Year

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Please describe overall emotional, psychological and physical condition of your child and anything medical personnel recommended to CAMP, Camp Leadership or staff should be aware of regarding your child (feel free to use a second page, if needed):

Allergies:

- Environmental (insect bites, hay fever, etc.) Medicine
 Food Other:

No Known Allergies

Please describe the details of what the child is allergic to and the reaction seen:

Current Medications or Treatments (other than listed on previous page):

I have reviewed/initialed each page of this health form and believe the information to be accurate. I believe that this child is able to attend an overnight residential summer camp program and participate in all DIGIVATIONS Camp Demigod activities with the following restrictions/recommendations.

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I authorize CAMP or designate to contact my office regarding this medical form and information.

Printed name of Physician:

Signature of Physician:

Address _____ **Phone** _____

Date _____