

NOVA SCOTIA CHORAL FEDERATION JUNIOR AND YOUTH CHOIR CAMPS

PERSONAL HEALTH RECORD AND WAIVER REQUIRED FOR ALL CAMPER

For camper attending (please check one) Junior Choir Camp Youth Choir Camp

CAMPER'S NAME _____

HOME PHONE _____

HOME ADDRESS _____

EMAIL _____

GENDER M F

DATE OF BIRTH (month / day / year) age _____

PROV. HEALTH INS # _____

EXPIRY DATE (month / day / year)

DOCTOR'S NAME _____

NAME INS. IS UNDER _____

DOCTOR'S PHONE _____

OTHER HOSPITAL INS # _____

NOTIFICATION IN CASE OF EMERGENCY

PARENT/GUARDIAN TO BE NOTIFIED 1ST

PARENT/GUARDIAN TO BE NOTIFIED 2ND

ADDRESS DURING CAMP _____

ADDRESS DURING CAMP _____

PHONE DURING CAMP _____

PHONE DURING CAMP _____

The parent or guardian knows of no health or others reasons why the applicant cannot participate in camp activities except as identified on the health form. It is assumed that the parent or guardian will know his/her child's condition or, will seek competent advice before completing the form. The parent or guardian will notify the Camp Nurse (JCC only) or Camp Director if, for any reason, this permission should be withdrawn or changed.

I (name of parent/guardian - please print) _____, under circumstances enumerated below, hereby authorize the Camp Nurse (JCC only) or Camp Director to secure such medical advice and services as may be deemed necessary for the health and safety of my child.

I agree to assume financial responsibility in excess of the benefits allowed by the Provincial Health Plan:

1. Where the health and/well-being of the applicant is involved,
2. Where medical advice has been such that further services are required - services which require the consent of the parent or guardian.
3. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent or guardian.

It shall be the discretion of the Camp Nurse (JCC only) or Camp Director as to what steps must be taken for the welfare and safety of the applicant.

I agree that neither the Nova Scotia Choral Federation (NSCF) nor the Berwick United Church Camp (Camp) nor their officers, staff or volunteers shall be held responsible or liable in anyway whatsoever for any personal injury, debt, or property loss incurred by this applicant while attending the choir camp and its activities.

Signature of parent or guardian _____ Date _____

Note: Every care and attention will be given to the health and comfort of the campers but the Camp Nurse (JCC only) or Camp Director cannot be held responsible for any accidents that may occur. The personal health record form must be returned as directed. This information is confidential.

NAME _____ HEIGHT _____ WEIGHT _____

1. Please list any dietary concerns of the camper. If camper is vegetarian, please check off which items the camper does eat. Other dietary concerns including food allergies:
 Not Vegetarian
 Vegetarian but s/he eats: eggs cheese fish chicken

2. Please list other allergies such as drugs, insect stings, grass, animals, etc. the applicant is subject to. Please give details of treatment should condition indicated occur and specify what medication the Camp Nurse may give the camper.

3. Please list any medications the applicant is bringing to camp. These medications must be clearly labeled with the camper's full name and appropriate dosage and handed to the Camp Nurse upon arrival at Junior Choir Camp. Youth Choir camper participants may keep their medications in their room.

4. Should applicant develop a headache, fever or vomiting, please indicate what medication the Camp Nurse may administer by placing a check in the box. ASA Gravol
Ibuprofen None
Tylenol Other - specify

5. Please list any chronic medical, behavioral conditions such as ADD, ADHD, asthma, heart trouble, epilepsy, ear aches, tonsillitis, nose-bleeds, etc. Please elaborate on separate sheet if this may help us ease the camper's transition into camp life.

6. Please list any additional problems the Camp Nurse and child's counsellor should be aware of, e.g. learning difficulties, sleepwalking, nightmares, night terrors, bed wetting, etc.

7. Note blood type (if known) and past illnesses, recent operations, injuries, etc. Please list if camper has had scarlet fever, measles (what kind) mumps, chicken pox, rheumatic fever, whooping cough, appendectomy, glandular fever, or diphtheria. Blood type: A+ A- B+ B- AB O+O-
Illness, operations, injuries (please list)

8. Date of last tetanus shot: _____
Are immunizations up to date (pertussis, polio, smallpox) Yes No
Girls: Has the menstrual process been explained? Yes No
Has your daughter started her menstrual period? Yes No

9. Has there been any recent major crisis such as death in the family, separation or divorce that the camper may still be coping with? If so, what and how recently did it occur?

10. Has the camper experienced any other form of stress that s/he is still coming to terms with?

To the best of my knowledge and with exception of the above, this camper is in good health.

Signature _____ Date _____

Name of person(s) who will arrive to take the camper home if other than parent/guardian:



Photographs and Video Consent, Waiver, Indemnity and Release for Sing Summer Programs

Photographs, Videos and Recordings

I hereby grant permission to the Nova Scotia Choral Federation and its representatives to take photographs or audio visual recordings of me or my child while participating at Sing Summer Camp (Junior, Youth and/or Adult Choir Camp).

First and Last Name (Printed): _____

E-mail _____ Phone _____

Parent/Guardian Name (if under age 18): _____ Date _____

I further grant to the Nova Scotia Choral Federation and their representatives the right to reproduce, use, exhibit, display, broadcast and distribute works of these images and recordings in any media now known or later developed for advertising or promotional purposes. I acknowledge that Nova Scotia Choral Federation owns all rights to the images and recordings.

Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials. I hereby release, defend, indemnify and hold harmless the producers from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Signature (if age 18 or older)

Date

Signature of Parent/ Guardian (if under age 18)

Date

Signature of Witness

Date