

Episcopal Diocese of Southwest Florida



Medical Update Form (Confidential)

At check-in of the event, the parent/guardian will be asked if there are any changes to this form and the current health condition of the child.

Participant's Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Contact Phone #: _____

Parent/Guardian E-mail: _____

Emergency Contact Name #: _____ Phone Number: _____

List all allergies and reactions:

Does the participant carry Epinephrine (Epi Pen, Avi-Q)? If yes, why?

Check if: ☐ NO KNOWN ALLERGIES

Please explain any adverse reactions to any type of food (other than allergies listed above).

Will the participant have traveled outside of the US within 3 weeks prior to attending the event?

If yes, where? _____

*All prescribed and over-the-counter medication **MUST BE** in the original container with the correct name, date, instructions and physician's name on the label. These must be handed to the nurse or event director at check-in. The nurse or event director is responsible for dispensing all medication.*

List each medication your child will bring:

Name of Medication	Dosage of Medication	Time Medication Administration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle any over-the-counter medication you DO NOT give permission for your child to receive:

Acetaminophen Antihistamine Dramamine Ibuprofen Loperamide

Is there anything that would be helpful for us to know about any medical or emotional conditions of your child? If so, please explain:

Current Insurance Information:

Subscriber's Name: _____

Name of Insurance: _____

Member ID or #: _____

Group #: _____

Patient's Date of Birth: _____

Patient's SS#: _____

Subscriber's Date of Birth: _____

Signature of Parent/Guardian: _____

Date: _____



Camper Profile Form

Camper's

First Name: _____ Nickname: _____ Last Name: _____

Camp Session(s) Registered for: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Primary Phone: _____ Secondary Phone: _____

Parent/Guardian Email: _____

Camper t-shirt size: YM YL S M L XL 2X 3X

Circle Gender for Lodging Purposes: Male Female

Camper Date of Birth: _____

Grade level for School Year 2022-2023: _____ Church, City: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Allergies: _____

How did you hear about our DaySpring summer camps? _____

Please scan and email this form to mmercurio@episcopalswfl.org or mail to: Episcopal Diocese of Southwest Florida,
Attn: Michelle Mercurio, 8005 25th St E, Parrish, FL 34219



Camper Name: _____

Dear Families,

In an effort to minimize illness at camp we ask that you check on the health of your participant daily beginning 7 days prior to camp. Please bring this completed form to camp on opening day. **You may indicate the actual temperature or initial each box to confirm regularity.** If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

<p><u>Symptoms</u></p> <ul style="list-style-type: none"> -Cough -Shortness of breath or difficulty breathing -Fever -Chills -Muscle Pain -Sore throat -New loss of taste or smell -Nausea -Vomiting -Diarrhea 	<p>Please Initial to Confirm</p> <p>1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 7 days before the start of this retreat. Initial _____</p> <p>2. No one in our household has been sick in the 7 days prior to camp. Initial _____</p> <p>3. My child has adhered to our state's guidelines regarding COVID19. Initial _____</p> <p>4. I recognize the stated risk and liabilities of sending my child to Summer Camp during this time. Initial _____</p>
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Day:	7 days prior to event	6	5	4	3	2	1
Temperature & Any Symptoms							

Please note... in following with guidelines from the American Camping Association and the Center for Disease Control, campers will have the option to wear masks while Staff will be required to wear them in designated areas.

Name of Participant: _____



MEDICAL INFORMATION

This information will be kept confidential except as needed in an emergency.

PARTICIPANT'S NAME: _____ GROUP/SCHOOL: _____

PARENT/GUARDIAN NAME: _____ PROGRAM DATE(S): _____

(IF UNDER 18)

ADDRESS: _____ PARTICIPANT'S DATE OF BIRTH: _____

PRIMARY PHONE: _____

EMERGENCY CONTACT: _____ EMAIL*: _____

OTHER THAN PARENT/GUARDIAN

EMERGENCY PHONE: _____

ALT. EMERGENCY PHONE: _____

**May we add your email to our newsletter list so that you will receive periodic updates regarding future Pathfinder programs?* YES NO

1. Is the participant taking any medications? YES NO
If yes & relevant, please list and explain what each is for:

2. Does the participant have any allergies? (e.g. medications, red ants, bees, etc.) YES NO
If yes, please describe:

3. Does the participant have any dietary restrictions? (e.g. specific food allergies, dietary needs, religious considerations, etc.)..... YES NO
If yes, please describe:

4. Are there any reasons to restrict the participant's activity? YES NO
If yes, please describe:

5. Does the participant have special needs to consider? (e.g. asthma, disabilities, specific fears, previous injuries, foreign language, etc.)..... YES NO
If yes, please describe:

6. Does participant carry Epinephrine (e.g. Epi Pen/Ana Kit)? YES NO
Reason:

Send to:
Diocese of SWFL
8005 25th St. E.
Parrish, FL 34219



Name of Participant: _____



**ACKNOWLEDGMENT OF RISK, RELEASE FROM LIABILITY,
INDEMNITY AND HOLD HARMLESS AGREEMENT**

Name of Participant: _____

Name of Group/School: _____

Dates of Pathfinder Program: _____

Pathfinder Outdoor Education, Inc. is a non-profit organization whose mission is to deliver fun and challenging adventures to help people learn about themselves, others and the environment. Pathfinder provides various environmental education, team building and outdoor based adventure activities. Pathfinder activities may include, but are not limited to, low challenge courses, high ropes, tree climbing and canoeing. Pathfinder's activities often take place outdoors, and therefore participants may be involved in activities such as: traveling by vehicle, foot, in or near water, and near a campfire; encountering falling objects, including but not limited to, tree branches, ropes, boards, cables & other construction materials; encountering wild animals, insects, and plants; and may be exposed to the inclement weather including, but not limited to, rain, hail, storms, winds, and lightning. Before participating in any Pathfinder activity, each participant or, for those participants under the age of 18, their parent or legal guardian must complete this Acknowledgment of Risk, Release from Liability, Indemnity and Hold Harmless Agreement (hereinafter "Agreement").

Section A. - Release from Liability

In consideration of the opportunity to participate in the activities, undersigned clearly and unequivocally releases, waives, discharges and covenants not to sue Pathfinder Outdoor Education, Inc. and its affiliates, principles, directors, officers, agents, members, managers, employees and volunteers and any owners and lessees of the premises used to conduct the activity, for all purposes (hereinafter referred to as "Releasees"), from all liability to the participant, undersigned, his/her personal representatives, assigned heirs, and next of kin for any and all claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, including death of the participant whether caused by the negligence of the Releasees or otherwise while the participant is in or upon the premises and/or for any purpose of participating in the activities.

Participant/Parent/Guardian Initials

Section B. - Acknowledgment and Assumption of Risk

_____ (fill in participant's name) is voluntarily participating in the activities and assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of the Releasees or otherwise, while in or upon the premises and/or while participating in the activities. The undersigned expressly acknowledges and agrees that the activities are very dangerous and involve the risk of serious injury and/or death and/or property damage.

Participant/Parent/Guardian Initials

Section C. - Indemnity and Hold Harmless

Regardless of whether or not there is any applicable insurance, the undersigned shall release, indemnify, defend, and hold harmless the Releasees from all claims, suits, actions, demands, losses, damages, liabilities, costs, expenses (including, without limitation, attorneys' fees), and causes of action of every kind or character whatsoever, whether in law or equity, in connection with any loss of

Send to:

Diocese of SWFL

8005 25th St. E.

Parrish. FL 34219

Name of Participant: _____

life, bodily or personal injury, or damage to or loss of property arising from or out of any occurrence in, upon, at, or about the premises used to conduct the activity or any part thereof occasioned or caused in whole or in part, either directly or indirectly, by the act, omission, negligence, misconduct, the participant, his/her heirs, assigns, successors, executors, administrators, and legal representatives, or arising out of or relating to the participant's participating in the activities. The Releasees shall not be liable or responsible for any loss or damage to any property or the death of or injury to any person requisition of other governmental body or authority, by other participants or by any other matter beyond the control of the Releasees. The undersigned's obligations are not limited in amount, and specifically are not limited to the amount of any insurance. The indemnification set forth herein shall survive and continue in full force and effect and shall not be terminated, discharged or released in whole or in part for a period of two (2) years after the date of participation.

Participant/Parent/Guardian Initials _____

Section D. - Use of Image

The undersigned consents to the use of the participant's image by the Releasee for any and all purposes, including without limitation or compensation, video and still photography, or publication for any trade or advertising purposes providing such uses are not made as to constitute a direct endorsement of any product or service.

Participant/Parent/Guardian Initials _____

Section E. - Medical Issues

The undersigned certifies that the participant has no mental, medical, or physical conditions which should interfere with my safety in this activity or is willing to assume and bear all costs of risk that may be created directly or indirectly by such a condition. The undersigned hereby authorizes medical treatment deemed necessary in the event of injury or illness to the participant for which the participant is responsible while partaking in any activity. Health/accident coverage is the responsibility of the participant or their parent/guardian.

The undersigned, on behalf of the participant, his/her heirs, assigns, successors, executors, administrators, and legal representatives, voluntarily accept responsibility for any expenses which may be incurred for illness or injury that may result in my participation including the cost of evacuation, hospitalization, medical treatment and any sums payable by anyone by any reasons of injury or loss of life that are sustained through participation in such activities and for all expenses associated with defense of such claims. The undersigned understands that this indemnification means that accepting responsibility for paying any costs including attorneys' fees which may be due to claims made against the Releasees.

Participant/Parent/Guardian Initials _____

Section F. - COVID-19

The undersigned acknowledges that on or about March 11, 2020, the Novel Coronavirus Disease 2019 ("COVID-19") was declared a pandemic by the World Health Organization and that the Centers for Disease Control and Prevention ("CDC") have stated that the "best way to prevent illness is to avoid being exposed to this virus." The undersigned further acknowledges that Florida's Department of Health has issued a Public Health Emergency as a result of COVID-19. The President of the United States has declared a major disaster exists in the State of Florida due to COVID-19 and Governor DeSantis declared a state of emergency exists in Florida as a result of COVID-19.

Send to:

Diocese of SWFL
8005 25th St. E.
Barrish, FL 34219

Name of Participant: _____

The undersigned is aware of the highly contagious nature of COVID-19 and voluntarily chooses to allow the participant to engage in activities in light of the ongoing COVID-19 pandemic.

The undersigned acknowledges that Pathfinder's employees come into contact with multiple individuals every day, and may become exposed to COVID-19. While Pathfinder takes precautions to reduce the likelihood of transmission of COVID-19 by its employees, the undersigned acknowledges that Pathfinder does not guarantee that the participant will not be exposed to or infected with COVID-19.

The undersigned acknowledges and agrees that by allowing the participant to engage in activities, the undersigned is exposing the participant and the undersigned to the risk of becoming exposed to or infected with COVID-19, which may result in personal injury, illness, permanent disability, and death. The undersigned understands that the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and failure to act of the undersigned or others, including but not limited to Pathfinder, and other activities, participants and parents. The undersigned assumes all risks and hazards and accept personal responsibility for the undersigned and participant for any injury, illness, damage, loss, claim, liability or expense, of any kind or nature, that the undersigned or participant may suffer arising out of or in connection with the undersigned or participant's exposure to or infection by COVID-19 and the participant's involvement in activities.

On my own behalf and on behalf of the participant, I hereby waive, release, absolve, commit not to sue and forever discharge Pathfinder and its affiliates, principles, directors, officers, agents, members, managers, employees, volunteers, and any owners and lessees of the premises used to conduct the activities, from any and all liabilities, claims, demands, damages, expenses including but not limited to reasonable attorneys' fees and costs, actions, loss or injury of any kind whatsoever, including personal injury, illness, bodily injury, death and/or property damage, ("Claims") arising out of or in any way connected with the participant's involvement in activities, the participant's exposure to or infection by COVID-19, and my exposure to or infection by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of Pathfinder, its affiliates, principles, directors, officers, agents, members, managers, employees, volunteers, and any owners and lessees charged or chargeable with responsibility for activities, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in activities. Nothing contained herein shall be construed to be a waiver of any immunity or limitation of liability Pathfinder may be entitled to under the doctrine of sovereign immunity or section 768.28, Florida Statutes.

To help prevent the spread of COVID-19, the undersigned agrees to not bring the participant to Pathfinder or to any Pathfinder facilities if the participant or anyone in the participant's household has been diagnosed with COVID-19, exposed to someone who has been diagnosed with COVID-19, or shows any symptoms of COVID-19. The undersigned agrees to comply with all current CDC and Pathfinder rules and guidelines for dealing with the COVID-19 pandemic. Pathfinder reserves the right to take the participant's temperature at any time during activities and the undersigned consents to Pathfinder taking their participant's temperature at any time before, during, and after activities. Pathfinder reserves the right to send any participant home from activities when Pathfinder has any reason to believe the participant may have been exposed to the disease, have the disease or its symptoms, or the participant does not comply with the CDC and Pathfinder rules and guidelines for dealing with the pandemic. The undersigned agrees to notify Pathfinder immediately if the participant or any member of the participant's household is diagnosed with COVID-19 or is exposed to someone who has been diagnosed with COVID-19.

Participant/Parent/Guardian Initials _____

Send to:

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Parrish, FL 34219

Name of Participant: _____

Section G. - Minor Children's Parent/Guardian Notice

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

Read this form completely and carefully. You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if Pathfinder Outdoor Education, Inc. and its affiliates, principles, directors, officers, agents, members, managers, employees and volunteers ("Pathfinder") use reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form, you are giving up your child's right and your right to recover from Pathfinder in a lawsuit for any personal injury, including death, to your child or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and Pathfinder has the right to refuse to let your child participate if you do not sign.

Section G. - General Terms

The undersigned has read and voluntarily signs this Agreement, and further agrees that no oral representations, statement or inducements apart from the foregoing written agreement have been made. The undersigned agrees that this Agreement constitutes the entire agreement of the parties and supersedes any contracts, agreements, or understanding, oral or written, of the parties with respect to the subject matter hereof. The undersigned agrees that this Agreement shall be governed, bind, construed in accordance with the laws of the State of Florida without regard for conflict of law or rule of the state and that any legal action arising out of my participation in the activities shall be filed in Pinellas County, Florida. The undersigned further expressly agrees that this Agreement is intended to be as broad and inclusive as permitted by the Laws of Florida in which the activity is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE HAD THE SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT AND I HAVE CAREFULLY READ AND UNDERSTOOD IT AND AGREE TO BE BOUND BY ITS TERMS.

Participant Name Printed _____

Participant Signature (if 18 or older) _____
Parent/Guardian Signature (if under 18) _____

Date _____

Send to:

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Parrish, FL 34219