



Villa Duchesne and Oak Hill School Summer Programs PERMISSION & HEALTH FORM

Please return completed form by email, fax, or in person the week prior to camp.

CAMPER's Name: _____ **Date of Birth:** _____

School: _____ **Grade Entering:** _____

CAMPS

The undersigned camper ("Camper") and parent/legal guardian ("Parent") (collectively, "We") acknowledge and agree to the following:

Chaperones

Passport to Summer ("Program") staff will make up the chaperoning body for all Camps and Trips.

COVID-19

The undersigned Parent acknowledges that federal and state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus Disease 2019 ("COVID-19").

Camper(s) will be subject to daily health screenings and must abide by St. Louis County Guidelines as applicable during the Program dates. Parent will not permit Camper(s) to participate in the Program or if, at any time during the Program, Camper(s) is/are showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, muscle pains). Parent will not permit Camper to participate in the program or activity if, at any time during the program or activity, my Camper has been in contact with any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis. In such situations, Camper(s) will not be allowed to participate in the Program until St. Louis County Guidelines deem it safe to resume.

Parent understands and acknowledges that Villa Duchesne and Oak Hill School | Passport to Summer Camps cannot prevent the possible transmission or contraction of COVID-19 for Camper(s) or Parent.

Swimming:

Passport to Summer Full-Day Youth Programs include swimming daily. Parents are solely responsible for knowing Camper's swimming abilities and providing personal flotation devices if necessary for the Camper's swimming ability. Regardless of swimming ability, any Camper age 6 or younger must bring appropriate personal flotation devices in the form of a life jacket and/or "water wings." Failure to comply will result in Camper's inability to participate in daily swimming lessons/activities.

***Passport to Summer* Camp Expectations**

Campers and Parents are expected to treat all other campers with kindness, respect, and compassion; respect the *Passport to Summer* staff; abide by the requests and directives from *Passport to Summer* staff; and respect the buildings and grounds of Villa Duchesne and Oak Hill School. The School reserves the right to dismiss Campers at the sole discretion of the Director of Student Activities if it is determined that continued enrollment is no longer in the best interest of the Camper or *Passport to Summer*. Dismissal will not release or reduce camp fees.

Waiver and Release

In consideration of the School allowing the Camper to participate in these Camps and Trips, We do for ourselves, our

heirs, our executors, personal representatives, successors, and assigns, release, waive, discharge, covenant not to sue, and agree to indemnify and hold harmless the School, and its chaperones, officers, trustees, faculty, staff, representatives, employees, agents, attorneys, successors, and assigns ("Released Parties") of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation arising out of, on account of, related to, or in any way connected with the Camper's participation in the Activity, including the Released Parties' own negligence.

Acceptance of this waiver does not relieve the School of its obligation to ensure reasonable supervision of all Campers during the time the Campers are under its care.

MEDIA AUTHORIZATION

For good and valuable consideration, the sufficiency of which is hereby acknowledged, We, the undersigned grant the School the right to publish, reproduce, and display photographic images, video images, and/or audio recordings of the Camper for use in all media, electronic or otherwise, in connection with publications, advertisements and/or webpages of the School. We understand the School may or may not associate the photographic image, video image, or audio recording with the name and/or other biographical information of the Camper. We further acknowledge and agree that We shall have no ownership interest in any informational or advertising material which utilizes, incorporates, or consists of the photographic images, video images, and/or audio recordings or in any copyright embodied therein.

MEDICAL INFORMATION (page 2 of 3)
by email, fax, or in person the week prior to camp.

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Illnesses, Conditions, and Injuries <i>Please check all that apply.</i>			
<input type="checkbox"/> Asthma/Ex-induced Asthma*	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures**	<input type="checkbox"/> Emotional Disturbances/Anxiety
<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Fainting
<input type="checkbox"/> Heat Intolerance	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Hearing Impairment	Other: _____
Please explain:			
*Asthma: Please provide a copy of the Asthma Action Plan completed and signed by your doctor AND one (1) inhaler to remain on campus with camper. **Seizures: Please provide a copy of the seizure Action Plan completed and signed by your doctor. For questions or a copy of an Action Plan Form, please contact the nurse at 314.810.3499.			
Is your child allergic to any of the following? <i>Please be specific.</i>			
Animals:	Food	Medicine/Drugs	
Plants	Pollen	Other:	
Epi-Pens: Please provide a copy of the Allergy Action Plan completed and signed by your doctor AND two (2) pens to remain on campus with camper. For questions or a copy of an Action Plan Form, please contact the nurse at 314.810.3499.			

In the past six months, has your child had any of the following? <i>Please indicate yes or no.</i>		
A surgical operation or fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No	A serious injury requiring medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any restrictions concerning physical activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Been taken to the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to any of the above, please explain:		
Permission for Over-The-Counter Medications <i>Please indicate yes or no and give dosage amounts if applicable.</i>		
To allow for administration of accurate dose, please list your child's weight: _____		
Acetaminophen (Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No Dosage: <input type="checkbox"/> Recommended <input type="checkbox"/> Other:	Ibuprofen (Advil/Motrin) <input type="checkbox"/> Yes <input type="checkbox"/> No Dosage: <input type="checkbox"/> Recommended <input type="checkbox"/> Other:	Benadryl: <input type="checkbox"/> Yes <input type="checkbox"/> No Dosage: <input type="checkbox"/> Recommended <input type="checkbox"/> Other:
Neosporin: <input type="checkbox"/> Yes <input type="checkbox"/> No Cough Drops: <input type="checkbox"/> Yes <input type="checkbox"/> No Tums: <input type="checkbox"/> Yes <input type="checkbox"/> No Dosage: <input type="checkbox"/> Recommended <input type="checkbox"/> Other:	<i>If your child will need over the counter medications not provided by the Camp please send in the original package with signed written instructions including dose and usage.</i>	
Please list any medications that your child is currently taking.		
Prescription medications that are to be administered by Camp staff must be brought to camp in the original package with the Physician's prescription giving directions as to dose and usage. (This is usually attached to the package.)		
Please explain and provide useful information to the adult in charge in relation to any of the above health conditions. Indicate any actions to be taken, if needed:		

CONSENT AND CONTACTS (page 3 of 3)
by email, fax, or in person the week prior to camp.

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Please give the legal names along with telephone numbers including area codes for the following to be contacted in the event of a medical emergency:

Parent/Guardian Name: _____

Email: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Parent/Guardian Name: _____

Email: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

In the event consent is needed for medical care or for other emergency matters and neither parent can be reached, the following person is authorized to act on both parents' behalf.

Name: _____ Relationship: _____

Home/Work Phone: _____ Mobile Phone: _____

In signing below, We agree to the above terms and conditions regarding our child's medical care as well as the accuracy of our child's medical history. We consent to the School's providing or seeking and providing medical treatment for our child as needed and when the School cannot contact the above person(s). We further acknowledge that the School may be required under Missouri Law, including but not limited to RSMo. § 210.166, to seek medical treatment for Camper for certain medical conditions and further consent to such medical treatment.

In signing below, We agree to the terms and conditions as outlined in the above forms.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Please return completed form the week prior to camp:

- by email: summer@vdoh.org
- by mail: Passport to Summer, Villa Duchesne and Oak Hill School, 801 South Spoeede Road, St. Louis, Mo 63131
- by fax: 314.432.0199
- in person: drop off in the West Door of the 1929 Main Building