2015 Hemophilia Summer Camp
CAMP FORMS

Thank you for registering your child for 2015 Summer Camp! We are excited to be partnering with Camp Tanager and UIHC Hemophilia Treatment Center to have summer camp for the bleeding disorders community in Iowa.

This packet of forms is for Campers with a Bleeding Disorder

New for 2015—fax and e-mail return options are available.

Check list—(please double check all are completed and signed prior to sending them back.)

- UIHC Contact & Insurance Information. (Please be sure to include medical cards as requested.)
- Camp Tanager—Health History & Camper Authorization
- USDA-Income Eligibility Form (Camp requires one per family highlighted areas please fill out.)
- Camp Tanager Release Form
- Hemophilia of Iowa Release Form
- Smug Mug Form
- UIHC Consent Form
- Canoe Rental Release Form

RETURN OPTIONS: All forms must be faxed/e-mailed or mailed with a postmarked date on or before May 15, 2015.

- Mail: University of Iowa Hospitals and Clinics
c/o Michelle Krantz
200 Hawkins Drive
2514 JCP
Iowa City, IA 52242

- FAX: 319-356-4261 Attn: Michelle Krantz

- Email: michelle-krantz@uiowa.edu

Questions on Forms: Call Michelle at 319-356-2890
UIHC HEMOPHILIA/BLEEDING DISORDER CAMP HEALTH FORM
(Camper with bleeding disorder)

Child’s Name: ___________________________ Date of Birth: __________ Sex: ______
Address: ___________________________________________________________________________

Parent or Guardian Name: ___________________________ Phone: _____________________
Address (if different from above): __________________________ Work Phone: ________________
Emergency Contact Name: ___________________________ Phone: _____________________
Physician’s Name: ___________________________ Phone: _____________________

MEDICAL INFORMATION

Type of bleeding disorder: _____________________________________________________________
Inhibitor:  
☐ Yes ☐ No. If yes, when diagnosed
Was Immune Tolerance initiated and what is the regimen?____________________________________
Date of last inhibitor test and results: ____________________________________________________
Treatment Product Used:  _____________________________________________________________
Factor and Home Care Provider and Phone #:______________________________________________
Prophylaxis:  
☐ yes ☐ no
Prophylaxis Dosage, Frequency of Infusions and Treatment Schedule:

Units used for Major Bleeds: ___________________________ Minor Bleeds: ___________________________
List Target Joints: ___________________________________________________________________
Episodes of unusual reactions or non-response to factor infusions:  
☐ Yes ☐ No
If yes, please specify_______________________________________________________
Home infusion:  
☐ Yes ☐ No
Is Child Ready to Learn Self-Infusion:  
☐ Yes ☐ No
Peripheral venipuncture (and butterfly needle size used): _______________________________________
Intravenous Access Device (Port or central line) date placed, and type: __________________________
What does your child know about home therapy?
_________________________________________________________________________________
What area about home therapy or diagnosis would you him/her to work on at camp?
_________________________________________________________________________________

AUTHORIZATION: FOR MEDICAL TREATMENT

I, undersigned parent or legal guardian, hereby attests that the medical information is correct. I understand that treatment of bleeding episodes and factor replacement therapy will be provided as needed at camp and will follow the recommendations of my child’s Hemophilia Treatment Plan or as outlined by the local care provider and camp medical director. If additional medications or treatment products are needed, I give permission to have these items ordered. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. The costs of such care will be my responsibility. This form may be photocopied for use of out of camp.

Parent/Guardian Signature: ___________________________ Date___________________

**PLEASE TURN TO THE REVERSE SIDE**
PLEASE COMPLETE BOTH SIDES. THIS FORM MUST BE COMPLETED AND SIGNED
RETURN TO THE UIICH HTC BY MAY 16, 2014
PHYSICAL EXAM: To be completed by your Hemophilia Treatment Center (HTC) or local hematologist/physician. If you are seen at the UIHC Hemophilia Center you must be up to date for your comprehensive clinic visit.

PLEASE send a copy of your most recent Treatment Plan signed by your HTC or Hematologist if not seen at the UIHC HTC

Child’s Name________________________ Date of Examination________________________

Weight ____________ kg Height: ____________ cm Blood Pressure ______/_______

Major sites of hemorrhage during the past year (target joints, muscle, soft tissue) __________________________

Physical Examination:

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head and Neck</td>
<td>Skin</td>
</tr>
<tr>
<td>Eyes and Ears</td>
<td>Lymphatic</td>
</tr>
<tr>
<td>Nose and Throat</td>
<td>Neurological</td>
</tr>
<tr>
<td>Chest</td>
<td>Orthopedic</td>
</tr>
<tr>
<td>Heart</td>
<td>Psychological</td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
</tr>
</tbody>
</table>

Explain Abnormalities: ________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Assessment: _______________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Recommendations: __________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
Camp Manager - Health History & Camper Authorization

PARENT/GUARDIAN: BOTH SIDES OF THIS FORM MUST BE COMPLETED

SECTION 1 - CAMPER INFORMATION

Child's Name: _______________________________ Age: ______ Date of Birth: ________________
Parent/Guardian Name: ____________________________________________________________

SECTION 2 - IMMUNIZATION INFORMATION

Childhood Immunization date (series & boosters) or date of illness. Immunization information is required for: Polio, DPT (Diphtheria, Pertussis, Tetanus), MMR (Mumps, Measles, Rubella), Hepatitis B

IMPORTANT: You will need to obtain your child's immunization record from the doctor or school and attach it to this form. If you have an immunization card, a copy can be made for you during check-in.

SECTION 3 - MEDICAL INFORMATION

Family Doctor: _______________ Phone Number: (____) _______ Primary Insurance Company: ________________________________
Name of Policy Holder: _______________ Do you have Title 19 Coverage YES NO If YES, please provide #: ____________________________
Past Medical Treatment? YES NO (Please provide details if YES): ________________________________
Recent Illness that needs specific attention? YES NO (Please provide details if YES): ________________________________
Please list any surgical procedures and dates: ________________________________________________________________

SECTION 4 - HEALTH INFORMATION

Tubes in ears? YES NO
Are ear plugs needed? ________________________________
Skin Conditions? ________________________________
Heart Conditions? ________________________________
Susceptibility of colds/asthma? ________________________________
Seizures? YES NO Type: ________________________________
Describe: _____________________________________________
How frequently and when most likely to occur? ________________________________
How are they handled? _____________________________________________
____________________________________
____________________________________
Urinary Routines/Needs? ________________________________
Bowel Routines/Needs? ________________________________
Sleep Habits/Needs? ________________________________
Child's allergies - IMPORTANT: Please note all allergies (food, bees stings, drugs, inhalents etc.)
____________________________________
____________________________________
____________________________________
Activity Limitations: ________________________________
____________________________________
____________________________________
Date of last tetanus: ________________________________

**PLEASE TURN TO THE REVERSE PAGE**

PLEASE COMPLETE BOTH SIDES. THIS FORM MUST BE COMPLETED AND SIGNED. IT SHOULD ACCOMPANY YOUR CHILD TO CAMP.
DO NOT MAIL THIS FORM
SECTION 5 - MEDICATION INFORMATION

MEDICATIONS YOUR CHILD WILL BE TAKING AT CAMP: All medications must be prescribed by a physician and in an accurate, clearly labeled pharmacy bottle. Non-prescription medications must be accompanied by signed written instructions of parent/guardian or physician.

MEDICATION & DOSAGE
Example: Ritalin - 10 mg

FREQUENCY
1 tab, 2 times a day

TIME(S)
8 AM, 12 PM

SECTION 5B - AS NEEDED MEDICATIONS

I also approve and understand that there may be over-the-counter medications given to my child during his/her stay at Camp, if needed. I understand it is my responsibility to notify the Camp Nurse of any change in health status or medication since the time this form was completed.

Medication Authorization - Please read and sign

PARENT/GUARDIAN:
I, ___________________________ request the above medications to be given to my child ___________________________
(Parent/Guardian) (Child’s Name)
during his/her stay at Camp Tanager. I have also read and agree to the statement in section 5B of this form.

Parent/Guardian Signature: ___________________________ Date: ___________________________

SECTION 6 - AUTHORIZATION

Authorization for Medical Treatment

Upon placement of ___________________________ and while under the care of Camp Tanager, I, the undersigned parent or legal guardian, hereby give permission for emergency medical, dental, or surgical care needed by the above named individual in the event I cannot be reached in an emergency. In the event of an emergency, the physician or dentist selected by the Camp Director or designee may hospitalize, secure proper treatment for, and order injection and/or anaesthesia and/or surgery for my child as named above. Any medical or dental care must be paid by the parent, guardian, or individual camper. I also understand that a health screening will take place upon arrival at Camp Tanager.

Signature: ___________________________ Relationship: ___________________________ Date: ___________________________

PLEASE COMPLETE BOTH SIDES. THIS FORM MUST BE COMPLETED AND SIGNED. IT SHOULD ACCOMPANY YOUR CHILD TO CAMP.

DO NOT MAIL THIS FORM

*A list of approved medications can be obtained from the Camp Director.

Shared/Camp/forms/camper health history.pmd 050801 je-Updated 050304 dp
Camp Manager requires this form be completed. Only 1 form for a family is needed if you have multiple campers from your household.

INCOME ELIGIBILITY FORM  
FOR THE  
SUMMER FOOD SERVICE PROGRAM  
(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to: [Name of Sponsor]

If you need help, call [phone number of Sponsor]

Follow these instructions, if your household gets SNAP TANF or FDPIR:
Part 1: List participant’s name and a SNAP, TANF or FDPIR case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is NOT required.
Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:
Part 1: Enter the child’s name.
Part 2: Please contact us at [phone number of Sponsor]
Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.
Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult’s Social Security Number.
Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:
Part 1: List each participant’s name.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.
   Column A—Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
   Column B—Gross income last month and how often it was received. Next to each person’s name, list each type of income received last month, and how often it was received.
   In Box 1, list the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
   In box 2, list the amount each person got last month from welfare, child support, alimony.
   In box 3, list Social Security, pensions, and retirement.
   In box 4, list ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
   Column C—Check if no income: If the person does not have any income, check the box.
Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn’t have one.
Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.
Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)  
SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

<table>
<thead>
<tr>
<th>A. Name (List everyone in household, including children)</th>
<th>B. Gross income and how often it was received</th>
<th>C. Check if NO income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Smith (Example)</td>
<td>1. Earnings from work before deductions</td>
<td>Check</td>
</tr>
<tr>
<td>$200/weekly</td>
<td>$150/weekly</td>
<td>$100/monthly</td>
</tr>
<tr>
<td>$ /</td>
<td>$ /</td>
<td>$ /</td>
</tr>
<tr>
<td>$ /</td>
<td>$ /</td>
<td>$ /</td>
</tr>
<tr>
<td>$ /</td>
<td>$ /</td>
<td>$ /</td>
</tr>
<tr>
<td>$ /</td>
<td>$ /</td>
<td>$ /</td>
</tr>
<tr>
<td>$ /</td>
<td>$ /</td>
<td>$ /</td>
</tr>
</tbody>
</table>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: __________________________ Print name: __________________________ Date: __________________________

Address: __________________________ Phone Number: __________________________

Last four digits of Social Security Number: __________________________

I do not have a Social Security Number: __________________________

Part 5. Participant’s ethnic and racial identities (optional)

Mark one ethnic identity: Mark one more racial identities:

☐ Hispanic or Latino  ☐ Asian  ☐ American Indian or Alaska Native
☐ Not Hispanic or Latino  ☐ White  ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

Don’t fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: __________ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year

Household size: __________

Categorical Eligibility: _____ Date Withdrawn: ________ Eligibility: Free ___ Reduced ___ Denied ___

Reason: __________________________

Temporary: Free ___ Reduced ___ Time Period: __________________________ (expires after ______ days)

Determining Official’s Signature: __________________________ Date: __________________________

Confirming Official’s Signature: __________________________ Date: __________________________

Follow-up Official’s Signature: __________________________ Date: __________________________
**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.
Camper’s Full Name: ________________________________________________

**Sports Permission Release**
I give permission for my child to be involved in sports activities while attending Camp.

**Consent for Participation in Camp Program**
I give permission to participate in camp program offered. Program offerings may include, but not necessarily limited to: canoeing/tubing, camping, horseback riding, fishing, caving, hiking, archery, bicycling, drama, singing, out-of-town field trips, and swimming.

**Liability Release**
I understand that Camp Tanager assumes no liability for the personal belongings of any campers. Camp Tanager encourages campers to take every precaution in protecting against the loss of personal property and to carefully consider which belongings they wish to bring with them.

At the time of pick-up, campers are expected to take with them all personal belongings. Camp Tanager will hold personal belongings of the discharged camper for 30 days, at which time they may be disposed of.

**Public Relations Release**
Camp Tanager may, at its discretion, elect to include photographs of persons and events at Camp Tanager in printed materials, news releases, film presentations, camp website, etc. for the purpose of advancing the program and philosophies of Tanager Place. I hereby give permission for my child’s photo to be used for such purposes, with the understanding that the child will not be identified by family name, at any time.

I understand and agree with any item that bears my initials:

___________________________________________________________
Parent/Guardian Signature Date

___________________________________________________________
Camp Tanager Staff Signature Date
Assignment of Rights and Release for Use of Material

Date:  ____________________________________________________________

Camper Name:  ____________________________________________________

I hereby grant to Hemophilia of Iowa, Inc., the right to use quotations from me and/or my minor child on Internet Web sites and other publications; to photograph, film, videotape, and record me and/or my minor child; and to use and reproduce such quotations, photographs, film, videotapes, and recordings, assigning all rights in such quotations, photographs, film, videotapes, and recordings, to Hemophilia of Iowa, Inc. I hereby waive any claims I might have against Hemophilia of Iowa, Inc. of any kind whatsoever arising out of the photographing, filming, videotaping, or recording or use or reproduction of the quotations, photographs, films, videotapes, and recordings.

Signature of Parent/Legal Guardian:  __________________________________

HEMOPHILIA OF IOWA, INC.
View your child’s special camp moments online at our secure photo portal – for free!

The response to our online albums last year was so great that we are doing it again!

Camp is often a great place for ‘firsts’. Your child’s first time shooting a bow and arrow, swimming in the deep end, singing at a campfire. Now you can experience and save these moments with our secure online photo album! Each day we will upload photos from the daily activities at camp. The site is password protected and you will only have access to the photos of your child’s week. Sign up to receive a free password for your child’s week of camp!

SIGN UP

I, the undersigned parent, authorize Camp Tanager to post photos of my child’s week at camp to their secure photo portal with the understanding that the album will be password protected and only valid for parents/guardians of children attending during that particular camp week.

I also agree that the photos available in the album are for the private viewing for myself and immediate family members only and that I will not disclose to others or post publically. Copies and reproductions may be made of the photos in their original format for the private use of my family.

Child’s Name: ___________________________  Date: ________________
Parent’s Name: ___________________________  Parent’s Signature: ___________________________

Please bring this form with you to registration. You will be given a password on receipt of this form.

If you would like to view a sample gallery please visit www.camptanager.org and click on the Smugmug button on the left hand side of the page. Locate the Camp Tanager albums and enter the password camptanager in Sample Gallery 1 to view the password protected album.
Consent Form

AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR PUBLIC USE OF IMAGE
(PHOTOGRAPH OR VIDEOTAPE)

I hereby give my consent to participate in a promotional story, program, advertisement, and/or image (photograph and/or videotape) made for or about University of Iowa Health Care in which I (or the person named below, for whom I am giving consent) will be interviewed and quoted by name. I have been told that this story, program, advertisement, and/or image (photograph or videotape) may appear in the public media, including print, internet, and/or broadcast media for a period of up to six (6) years. I have been told that story, program, advertisement, and/or image (photograph and/or videotape) may be used by UI Health Care more than once for promotional purposes. I have been told that my health care and the payment of my health care will not be affected if I do not sign this form.

I have been informed that once information is disclosed it may no longer be protected by federal privacy regulations. I have been informed that this authorization is voluntary and that I may revoke this authorization at any time by providing notice in writing to the following address: UI Health Care Marketing and Communications, University of Iowa Health Care, 200 Hawkins Drive, W319 GH, Iowa City, IA 52242-1009. The revocation will not affect any actions taken before the receipt of this written notification. Questions? 319-356-1009

TO BE COMPLETED BEFORE PATIENTS/VISITOR OR PATIENT’S REPRESENTATIVE SIGNS THIS AUTHORIZATION: University of Iowa Health Care will ___ or will not ___ receive, directly or indirectly, financial compensation from a third party for the use and/or disclosure of the health information described above.

_________________________  ____________________________
Patient/Visitor Name (please print)  Date

_________________________  ____________________________
Address  City  State  Zip

_________________________  ____________________________
Home Phone  Work or cell phone  E-mail

_________________________  ____________________________
Signature of Patient/Visitor or Patient/Visitor’s Representative  Date

_________________________  ____________________________
Printed name of Patient/Visitor’s Representative  Relationship to Patient/Visitor

_________________________
Legal Authority (attach supporting documentation)

_________________________
Patient/Visitor’s Birth Date

_________________________
Intended use (but not limited to):
IN CONSIDERATION of being permitted to participate in any way in the Seatasea, LLC sports and recreation program and related activities ("Activities") for myself, my personal representatives, assigns, heirs, and next of kin:

1) ACKNOWLEDGE, agree, and represent that I understand the nature of Paddlesports and related Activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately notify the nearest official and discontinue further participation in the Activity.

2) FULLY UNDERSTAND that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); these Risks and dangers may be caused by my own actions or inactions, the actions and inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3) HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Seatasea, LLC (dba: Seatasea Watersports Center) their respective instructors, instructor trainers, educators, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable owners and lessors of premises on which the Activity takes place, (each considered on of the "RELEASEES" herein) FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expense, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTEND ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: __________________________________________________________ DATE: __________________________
ADDRESS: ________________________________________________________________
(Street) (City) (State) (Zip)
PHONE #: __________________________ DATE OF BIRTH: __________________________
EMAIL: __________________________ SIGNATURE: ________________________________

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE PADDLESPORTS AND RELATED ACTIVITIES AND THE MINORS EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE’S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSE, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: __________________________________________________________
ADDRESS: ________________________________________________________________
(Street) (City) (State) (Zip)
DATE: __________________________ PARENT/GUARDIAN SIGNATURE: ________________________________