



**Summer 2023 Camp Haven Parental Release**  
**Medical Information/Code of Conduct**  
**Child Information**

**Student Name:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of birth \_\_\_\_\_

Male/Female\*

Male  Female

School Name \_\_\_\_\_

\*\*\*Please check which week your child will attend the attend the camp.\*\*\*

\_\_\_\_\_ Week 1 June 5 – 9: Middle School Boys

\_\_\_\_\_ Week 2 June 12 – 16: Middle School Girls

\_\_\_\_\_ Week 3 July 3 – 7: Middle School Girls

\_\_\_\_\_ Week 4 July 10 -14 Middle School Boys

**Parent/Guardian Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

**Parental Consent**

I Agree for my child to attend Camp Haven 2023. The Undersigned, Being a Parent or Guardian of the above named minor releases The Community Haven referred to as "Camp Haven" for the Summer of 2023, its representatives, agents, servants, and employees from liability for any injury to said minor, resulting from any cause whatsoever occurring to said minor at any time while attending Camp Haven, including travel to and from camp and any field trips, excepting only injury or damage resulting from willful acts of such representatives, agents, servants and employees. Camp Haven are also released of any expenses resulting from the injury.



Your child will have the opportunity to participate in high adventure activities, including but not limited to whitewater rafting, high ropes course, bouncy houses, zip line, swimming and other outdoor activities. Camp Haven is not liable for an injury to or death of a participant in equine activities.

During the week of camp, we will be taking pictures of teams and students that will be used in the Week-in-Review slide show and for camp promotional material. There may also be surveys conducted pertaining to Camp Haven and/or the camping program. Please contact the main office if you have a need for exclusion.

### Student Medical Information

Do you have Health Insurance coverage for the camper?

Yes  No

Health Insurance Company \_\_\_\_\_

Does the camper have any allergies?

Yes  No

List all allergies: \_\_\_\_\_

Please list any other medical information such as epi-pens, medications or special food restrictions and significant health history such as (diabetes, or any injury).

\_\_\_\_\_  
\_\_\_\_\_

**If your child has an inhaler, they must keep it with them at ALL TIMES during camp!**

### Emergency Contacts

Primary Contact: In case of emergency, please contact the following person \*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Contact Number \_\_\_\_\_

Primary Contact Cell Phone Number \_\_\_\_\_

Secondary Contact: In case of emergency, please contact the following person

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Phone Number \_\_\_\_\_



\*I have read and understand the statements in this release form. I understand that should a health problem arise, I will be notified but if I cannot be reached by telephone I consent to emergency medical treatment, which may include surgery for my child as deemed necessary by competent medical personnel. I also consent to the release of information for insurance purposes.

## Student Code of Conduct

Parent/Guardian: **Please make sure your child understands the code of conduct.**

As a person attending Camp Haven, I agree that:

- I will participate in the camp program, display a positive attitude, and conduct myself appropriately at all times.
- I will respect all campers, advisors, and staff. I will follow instructions from all adults and camp staff.
- I will not bring highly valuable items to camp. If I do bring valuables, I accept full responsibility for those items.
- I will not possess or use tobacco products, alcohol and/or drugs.
- I will not possess or use firearms, weapons, pocket knives and/or firecrackers.

\*I also understand that if I fail to follow no-tolerance policies, including but not limited to use of violence or possession of weapons, use of alcohol or drugs then the following steps may be taken:

1. I will be removed from the facilities.
2. Appropriate disciplinary action will be taken as advised by the camp directors.

**I AGREE TO AND UNDERSTAND ALL OF THE ABOVE INFORMATION INVOLVING CAMP HAVEN INCLUDING MEDICAL, PARENT CONSENT, TRANSPORTATION AND CODE OF CONDUCT.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_