



# MEDICATION ADMINISTRATION RECORD FOR HUME LAKE CHRISTIAN CAMPS

Circle the **CAMP**: WT MR HS WW OE WC DC HSD **CAMP DATES:** \_\_\_\_\_

**CAMPER ALLERGIES:**

Parents/Guardians: Please fill out Camper Information and Medication blocks on left only.

The date and time blocks to the right are for Hume staff only to chart as meds are given.

**NAME:** \_\_\_\_\_ **SEX:** M / F **AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**CHURCH:** \_\_\_\_\_ **COUNSELOR:** \_\_\_\_\_

	SUN	MON	TUES	WED	THUR	FRI	SAT
<b>MEDICATION:</b> _____ _____ <b>DOSAGE:</b> _____ <b>ROUTE:</b> _____ <b>FREQUENCY:</b> _____ <b>COMMENTS:</b> _____							
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**PLEASE PLACE MEDICATIONS IN A ZIPLOCK BAG, CLEARLY LABELED WITH YOUR CHILD'S NAME AND DATE OF BIRTH WRITTEN IN PERMANENT MARKER. MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH DOCTOR'S DIRECTIONS IF IT IS A PRESCRIPTION (NO PILLS IN BAGS). DON'T SEND TYLENOL, IBUPROFEN, BENADRYL, PEPTO BISMOL, OR OTHER OVER THE COUNTER MEDICATIONS. WE WILL PROVIDE THESE. PLEASE SEND INHALER IF YOUR CHILD HAS ASTHMA. PLEASE SEND EPI PEN IF YOUR CHILD HAS HISTORY OF SEVERE ALLERGIC REACTIONS. PRIMARY DISPENSING TIMES FOR MEDICATIONS WILL BE AT EACH MEAL UNLESS OTHERWISE ORDERED BY A DOCTOR. THANK YOU.**

**HEALTH SUPERVISOR'S SIGNATURE / INITIALS** \_\_\_\_\_

**R** = refused medication, **S** = skipped dose for medical reasons, **N** = no show after reminders

**\*Write letter code, time, and your initials in box when medication was not given. Notify the RN when medication dose was missed.**

## MEDICATION ADMINISTRATION RECORD (Continued)

**CAMPER NAME:** \_\_\_\_\_

	SUN	MON	TUES	WED	THUR	FRI	SAT
<b style="color: red;">MEDICATION:</b> _____ _____ DOSAGE: _____ ROUTE: _____ FREQUENCY: _____ COMMENTS: _____							
<b style="color: red;">MEDICATION:</b> _____ _____ DOSAGE: _____ ROUTE: _____ FREQUENCY: _____ COMMENTS: _____							
<b style="color: red;">MEDICATION:</b> _____ _____ DOSAGE: _____ ROUTE: _____ FREQUENCY: _____ COMMENTS: _____							
<b style="color: red;">MEDICATION:</b> _____ _____ DOSAGE: _____ ROUTE: _____ FREQUENCY: _____ COMMENTS: _____							
<b style="color: red;">MEDICATION:</b> _____ _____ DOSAGE: _____ ROUTE: _____ FREQUENCY: _____ COMMENTS: _____							
<b style="color: red;">MEDICATION:</b> _____ _____ DOSAGE: _____ ROUTE: _____ FREQUENCY: _____ COMMENTS: _____							

**HEALTH SUPERVISOR'S SIGNATURE / INITIALS:**

\_\_\_\_\_

**R** = refused medication, **S** = skipped dose for medical reasons, **N** = no show after reminders

\*Write letter code, time, and your initials in box when medication was not given. Notify the RN when medication dose was missed.



HUME LAKE CHRISTIAN CAMPS, INC.  
Participation, Release, Waiver & Indemnity Agreement

WHILE HUME LAKE CHRISTIAN CAMPS MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT HUME LAKE.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Hume Lake Christian Camps, and on or around Hume Lake. These activities include, but are not limited to, swimming in the pools and Lake, boating, High Ropes Course, biking, archery, riflery, paintball, all forms of skating, and strenuous competition games. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Hume Lake Christian Camps has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the Camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Hume Lake Christian Camps reserves the right to use any audio, video, and/or photography of guests or campers participating in Hume-facilitated events.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Hume Lake Christian Camps, Inc., its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Hume Lake Christian Camps, or on or around Hume Lake. This release does not apply to intentional and/or willful acts of misconduct by Hume Lake Christian Camps or any of its officers, Board, agents or employees.

Should Hume Lake Christian Camps, or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Hume Lake Christian Camps harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Hume Lake Christian Camps on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

**Parent or guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(You may sign your own Release if you are 18 or older)

**Print name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_  
**Camper's Name** \_\_\_\_\_

HUME LAKE CHRISTIAN CAMPS, INC., 64144 HUME LAKE ROAD., HUME, CA 93628 Phone (559) 335-2000 Fax (559) 305-7687  
Fill out and return to you church registrar. If you have no church registrar, please bring to camp.

**BOTH SIDES MUST BE FILLED OUT AND SIGNED**

# HUME LAKE CHRISTIAN CAMPS, INC. Voluntary Disclosure Statement

**Circle the CAMP:** WT MR HS WW OE WC DC HSD **CAMP DATES:** \_\_\_\_\_

**Church or School attending with:** \_\_\_\_\_

**Name:** \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address \_\_\_\_\_  
Last First Middle

Other names by which known (i.e., maiden name): \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Business Phone (Optional): \_\_\_\_\_

School or College: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**1. Previous residence(s) for last five years (include colleges and home residence(s):**

City: \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

**2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?**

If yes, please explain. (use a separate sheet, if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed?**

	YES	NO
* Indecent assault and battery on a child under 14 .....	<input type="checkbox"/>	<input type="checkbox"/>
* Indecent assault and battery on a mentally retarded person .....	<input type="checkbox"/>	<input type="checkbox"/>
* Indecent assault and battery on a person who has obtained the age of 14.....	<input type="checkbox"/>	<input type="checkbox"/>
* Rape .....	<input type="checkbox"/>	<input type="checkbox"/>
* Rape (with force) of a child under 16 .....	<input type="checkbox"/>	<input type="checkbox"/>
* Assault with intent to commit rape .....	<input type="checkbox"/>	<input type="checkbox"/>
* Kidnapping of a child under 16 with intent to commit rape .....	<input type="checkbox"/>	<input type="checkbox"/>
* Distribution and trafficking of narcotics or other controlled substances .....	<input type="checkbox"/>	<input type="checkbox"/>
* Intent to commit any of the above crimes.....	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain. (use a separate sheet, if necessary)

\_\_\_\_\_

\_\_\_\_\_

## Voluntary Disclosure Statement Page 2

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? If yes, please explain. (use a separate sheet, if necessary)

YES

NO

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor including, but not limited to a domestic order or protection?

YES

NO

If yes, please explain. (use a separate sheet, if necessary)

6. Have your parental rights (if applicable) ever been terminated for reasons involving involving sexual or physical abuse of children?

YES

NO

If yes, please explain. (use a separate sheet, if necessary)

### I understand that:

- a) Hume Lake Christian Camps, Inc. may deny employment to any person who answers "yes" to any one of questions 2-6. If hired and the camp later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check request from any Central Registry of child abusers and/or California Department of Justice.
- c) Hume Lake Christian Camps, Inc. may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly.

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

*If under 18 years of age:*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_