

Conditions: Camp Eden Camps will not accept responsibility for any money lost or stolen. Similarly, Camp Eden Camps will not be held responsible for any damage, loss or that of any campers personal belongings. Campers are encouraged not to bring any valuables. Although Camp Eden Camps strives to maintain originally planned activities and schedules, each program is subject to change due to weather and/or other special circumstances such as Covid restrictions and requirements. Medication carried by campers will not be administered if contents and instructions are not properly labelled by a pharmacist or a physician. Please be aware that in the event that your child has symptoms or Covid, they will need to be tested, and isolated. You will be alerted right away, and they may need to be picked up to complete full quarantine at home. In the case of your child being exposed to a camper who tested positive for Covid, we will follow the public health officer's direction and may need to send your child home to quarantine. It is the responsibility of the parent/guardian to inform Camp Eden Camps if there are any changes in the child's medical condition after this form has been submitted. If the camper has a presently life-threatening allergy or food sensitivity, we ask that the parent or guardian contact the office prior to completing and returning this form so that an allergy description form can be mailed to you. Please note that Camp Eden Woods is a nut-aware environments, but cannot guarantee being free of peanuts or other foods that may cause allergic reactions. Information collected on this form is for the use of the medical and programming decisions of Camp Eden Camps. We will not share personal information with any other organization, except for medical professionals, without the prior consent of the parents/guardians. For questions about our privacy policy, please contact our privacy coordinator, Sharon Gluzberg. Occasionally we give out our camp families' names and phone numbers as references for other potential camp families. Please indicate whether you give consent for contact information to be given out for these purposes only. We do not give out contact information to any commercial agencies. Please indicate whether Camp Eden can use any photos taken of your child in its yearbook and/or promotional materials.

Personal Declaration: This personal and health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or the child named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalisation, for the person named above, as well as charge my credit card on file up to \$100 if necessary. I agree to be responsible for any expenses incurred by my child or by Camp Eden or Camp Eden Woods on behalf of my child. This completed form may be photocopied for trips out of camp. By agreeing to these statements you are stating that you have read and agreed to all of them. *