



# Missouri River Adventure Camp

## CAMPER MEDICAL INFORMATION

*All information on this form must be complete, including signatures, prior to participation.*

### General Camper Information

This information will be shared only with Missouri River Relief (MRR) personnel, consulting and treating medical personnel, and other individuals working with MRR. Otherwise, the information will remain confidential.

Campers Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Shirt Size \_\_\_\_\_ (please, include if they are youth or adult size)

How Did you Hear About the Camp? \_\_\_\_\_

Child's School Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Child's Gender Identity \_\_\_\_\_ Preferred Pronoun  She, Her, Hers  He, Him, His  They, Them, Theirs

We value the importance of equity, inclusion and cultural relevance when working with minors. That is why we would like for you to tell us more about yourself. Which of the following best describes your race or ethnicity?

- |                            |  |
|----------------------------|--|
| ___ African American/Black | ___ 2+ Races                               |
| ___ Indigenous/ Native     | ___ Native Hawaiian/Other Pacific Islander |
| ___ Asian                  | ___ Other Race _____                       |
| ___ White/Caucasian        | ___ Prefer not to answer                   |

Are you of Spanish, Hispanic, and/or Latino descent? \_\_\_ Yes \_\_\_ No

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_ Language Spoken \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Family E-mail \_\_\_\_\_

Parent/Guardian 1 Cell Phone \_\_\_\_\_ Parent/Guardian 2 Cell Phone \_\_\_\_\_

In the event of an emergency, if a parent/legal guardian cannot be reached, who should be called?

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

**Significant Medical History/Pre-Existing Conditions:** Please list your child's medical history, including hernias, ulcer, head injuries, cancer, arthritis, scoliosis, hearing/vision problems, learning differences, eating disorders, or other illnesses (use extra pages if necessary). In addition, please note if your child has any pre-existing medical conditions. If pre-existing medical conditions may be affected by participation in activities at the Missouri River Adventure Camp, please have your doctor document these conditions and give approval or agree to discuss the condition with a Missouri River Relief representative.

Date(s)	Condition	Implications/Accommodations

## Camper Medical History

Activities such as sports or outdoor pursuits can be strenuous depending on a camper's physical condition. The following information is important and will help us prevent medical problems before they occur. **Please explain any Yes answers on lines provided on right.**

- |   |     |    |           |
|---|-----|----|-----------|
| 1. Any adverse reactions to medication?   | YES | NO | 1. _____  |
| 2. Are they currently taking any medication?  | YES | NO | 2. _____  |
| If yes, what type/dosage?   |     |    | _____     |
| What is the medication specifically for?  |     |    | _____     |
| 3. Any allergies to foods, medications, environment?  | YES | NO | 3. _____  |
| If yes, please describe the allergic reaction <u>in detail</u> .  |     |    | _____     |
| 4. Any food/dietary restrictions?   | YES | NO | 4. _____  |
| If yes, please describe restrictions <u>in detail</u> .   |     |    | _____     |
| 5. Have they ever been stung by a bee?  | YES | NO | 5. _____  |
| If yes, please describe the allergic reaction   |     |    | _____     |
| 6. Any respiratory problems or asthma?<br>(Campers who use inhalers are required to carry them at all times.) | YES | NO | 6. _____  |
| 7. Any heart defects or heart disease?  | YES | NO | 7. _____  |
| 8. Any history of seizures, convulsions,<br>epilepsy or other medical disorders?                              | YES | NO | 8. _____  |
| 9. Any ankle/knee/hip or other joint problems?  | YES | NO | 9. _____  |
| 10. Does camper have diabetes? Describe Type.   | YES | NO | 10. _____ |
| 11. Has camper consulted a mental health care professional<br>in the past two years? Please explain.          | YES | NO | 11. _____ |
| 12. Do you have any other medical conditions that may<br>preclude strenuous activities?                       | YES | NO | 12. _____ |

## Parents/Legal Guardians of Minors- Medical Authorization and Permission

Missouri River Relief is concerned about inappropriate use of both prescription and non-prescription medications by minors. Persons under 21 are not permitted to use medication without written permission from a parent, legal guardian, physician or an authorized Missouri River Relief staff person. Persons under 21 are not permitted to share medications under any circumstances. We give permission for Missouri River Relief to administer the following over-the-counter medications to our minor daughter/son:

PLEASE CHECK THOSE MEDICATIONS WE MAY PROVIDE YOUR CHILD:

\_\_\_\_ Tylenol \_\_\_\_ Aspirin \_\_\_\_ Ibuprofen \_\_\_\_ Maalox \_\_\_\_ Ex-lax \_\_\_\_ Benadryl \_\_\_\_ Loratadine (Claritin) \_\_\_\_ Delsym (cough)

I authorize Missouri River Relief (MRR) staff or other medical personnel to obtain or provide medical care for my child, to transport my child to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) they consider necessary for my child's health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by MRR) of any medical records necessary for treatment, referral, billing or insurance purposes. Note to parents: except to the extent limited by this form, my child has permission to participate in all MRR activities.

## Signatures

Parent/Guardian 1 Signature _____	Print Name _____	Date _____
Parent/Guardian 2 Signature _____	Print Name _____	Date _____



# REQUEST FOR MEDICATIONS TO BE GIVEN AT THE MISSOURI RIVER ADVENTURE CAMP

All information on this form must be complete, including signatures, prior to participation.

## General Medication Information

This information will be shared only with Missouri River Relief (MRR) personnel, consulting and treating medical personnel and other individuals working with MRR. Otherwise, the information will remain confidential. If your child requires any prescription medication or over-the-counter medication during the Missouri River Academy it will be administered by the Missouri River Relief staff. In the "Camper Medical Information" form, you may give written permission to administer the following over-the-counter medications: Tylenol, Aspirin, Ibuprofen, Maalox, Ex-lax, Benadryl, Claritin, and/or Cough Drops. Missouri River Relief will have a supply of these over-the-counter medications.

All other over-the-counter and prescription medication administrators will need the "Request for Medication to be Given at the Missouri River Adventure Camp" form completed. Please place all medicines you are sending with your child in a plastic bag marked with the child's name, with a doctor's order or prescription label attached. If your child requires an asthma rescue inhaler or EpiPen®, please send two, if possible. Your child will carry one with them, and the Missouri River Relief staff will carry the second as a backup. If only one inhaler or EpiPen® is supplied, it will remain with your child for the entire trip and there will not be a backup. Please check the expiration dates of all medications before sending them with your child, especially asthma rescue inhaler or EpiPen®.

I request that (child's name printed) \_\_\_\_\_ be allowed to take the following medications during the Missouri River Adventure Camp.

## Medication Description

Name of Medication: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Dosage to be Given: \_\_\_\_\_  
Frequency/ Time of Day: \_\_\_\_\_  
Notes: \_\_\_\_\_

## Medication Description

Name of Medication: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Dosage to be Given: \_\_\_\_\_  
Frequency/ Time of Day: \_\_\_\_\_  
Notes: \_\_\_\_\_

## Medication Description

Name of Medication: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Dosage to be Given: \_\_\_\_\_  
Frequency/ Time of Day: \_\_\_\_\_  
Notes: \_\_\_\_\_

*If additional space is needed for medication descriptions, please print and complete an additional form.*



## Missouri River Adventure Camp GENERAL RISK RELEASE FORM

### Missouri River Relief: Acknowledgment and Assumption of Risks & Release and Indemnity Agreement

#### INTRODUCTION

Please read this entire Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter 'Document') carefully before signing. All participants 12 years of age and older must sign this Document. For participants under 18 yrs. of age (hereafter sometimes 'minor' or 'child'), one or both parent/s or legal guardian/s (hereafter collectively 'parent/s') must also sign and parent/s may print the name (instead of a signature) for those participants under 12 yrs. of age. In consideration of the services of Missouri River Relief and its officers, directors, employees, representatives, agents, volunteers, independent contractors and all other persons or entities associated with it (collectively referred to in this Document as 'MRR'), I (participant and parent/s of a minor participant) acknowledge and agree as follows:

Missouri River Relief contracts with individuals or organizations that are independent contractors (not their employees) to provide some of the services and to conduct some of the activities in which participants may engage. Although Missouri River Relief has made efforts to locate responsible contractors, it does not supervise or control these contractors and is not responsible for their conduct. Participants (and parent/s) acknowledge that they may independently investigate, these organizations and activities if they desire.

#### ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

MRR educational and/or river clean up and recreation activities on or off the river and at other locations including Waters-Moss Memorial Wildlife Area, Rock Bridge State Park, and Eagle Bluffs Conservation Area among other locations (which may be scheduled or unscheduled), including those offered through the variety of MRR programs, may include but are not limited to; hiking, motor boating, fishing, river clean ups, wildlife and nature observation and travel in vans, buses and other vehicles (collectively referred to in this Document as 'activities'). I acknowledge that the inherent and other risks, hazards and dangers (collectively referred to in this Document as 'risks') of these activities can cause injury, damage, death or other loss to participant or others. Parent/s of minor participants agrees to discuss the nature of these activities and risks with their child. The following describes some, but not all of those risks:

1. **Risks associated with travel.** Travel may be on foot; or via mechanized travel such as a vehicle, motorboat, or by other means and may be over rough and unpredictable terrain or via routes, lakes, rivers, hiking trail and roads in rain or other adverse weather conditions.
2. **Risks connected with geographic location.** Activities may take place in remote places several hours from medical facilities, causing potential delays in communication, transportation, evacuation and medical care.
3. **The risk that equipment used** in an activity may be misused or may break, fail or malfunction.
4. **Risks present in an outdoor environment.** These risks include travel on water, on river banks both on and off the trail. Travel may be subject to lightning; strong winds; fast moving rivers or other water bodies; river currents; falling rocks; extremely hot or cold weather or water; fallen timber; stinging, venomous, or disease carrying animals or insects; poisonous plants; wild animals and other natural or man-made hazards. Hazards may not be marked or visible and weather is unpredictable.
5. **Risks involved in decision-making and conduct,** including, without limitation, the risk that an MRR staff member, volunteer or contractor may misjudge a participant's capabilities, health or physical condition or misjudge some aspect of instruction, medical treatment, weather, terrain, water level or river and/or terrain route location.
6. **Personal health and participation risks.** The risk that participant's mental, physical or emotional condition (disclosed or undisclosed, known or unknown) combined with participation in these activities could result in injury, damage, death or other loss. Although MRR personnel will review participant's health information, MRR cannot anticipate or eliminate risks or complications posed by participant's mental, physical or emotional condition.
7. **Risks regarding conduct.** The potential that participant, or other participants or third parties (e.g., driver, rescue squad, hospital) may act carelessly or recklessly.
8. **Risks associated with riding in vehicles.** Participants may ride in vans, cars, buses or other vehicles for program purposes. Risks include, but are not limited to vehicular accidents, rollovers or injury. Participants must remain seated at all times when the vehicle is moving and must wear seatbelts when available.
9. **Risks associated with premises.** Slippery walkways, uneven ground, ruts, boulders, or other conditions may exist in and around Camp Trinity. Participants may engage in MRR chores using MRR tools and materials.
10. **Participants may have free time** before and after the start of the program or class and at various other times, they are with MRR.
11. **Risks associated with travel in areas where firearms** are allowed, including, without limitation, the risk of being shot or struck by accidental discharge or malfunction of a firearm.
12. **Research and service project risks** including, without limitation, risks associated with activities such as handling wild or domestic animals, digging out trash, lifting heavy trash, rolling trash, and searching for trash. Projects may involve the use of hand tools and water quality testing equipment.
13. **Such other risks** that are generally associated with educational and/or adventure and recreation activities.

**These and other risks may result in participants: falling; being struck; colliding with objects or people; experiencing vehicle or boat capsizing or collision; weather conditions or increased exertion; becoming lost or disoriented; suffering allergic reactions or experiencing other problems. These and other circumstances may cause dehydration, heat exhaustion, drowning, heart or lung complications, broken bones, paralysis, concussions, sunburn or other burns, mental or emotional trauma or other injury, damage, death or loss.**

**I (participant and parent/s of a minor participant) agree:**

- to accurately complete the appropriate MRR forms, to abide by the terms of those documents and to follow MRR rules and policies;
- to review all MRR program information and materials received, and I understand that MRR staff members are available should I have other questions about the nature and physical demands of these activities or the associated risks;
- If participant has any mental, physical or emotional conditions or limitations which might affect his/her ability to participate, I agree to disclose those to MRR and represent that participant is fully capable of participating without causing harm to him or herself or others;(1) During both supervised and unsupervised activities, all participants share in the responsibility for their own safety; (2) MRR staff or contractors cannot assure participant's safety or eliminate any of these risks.

**Participant is voluntarily participating with knowledge of the risks. Therefore, participant (and parent/s of minors) assumes and accepts full responsibility for the inherent and other risks (both known and unknown) of these activities and for any injury, damage, death or other loss suffered by participant (and parent/s of minors) resulting from those risks and/or resulting from participant's negligence or other misconduct.**

**RELEASE AND INDEMNITY AGREEMENT**

**Please read carefully. This Release and Indemnity Agreement contains a surrender of certain legal rights.** Certain public land agencies (including the Missouri Department of Conservation, Missouri Department of Natural Resources, U.S. Corps of Engineers, U.S. Fish & Wildlife Service and the City of Columbia, Missouri) restrict service providers, including MRR, from seeking releases of liability for negligence, for injuries or other losses occurring while operating under permit on those public lands. Therefore, except to the extent a court determines these federal restrictions are enforceable against MRR as a matter of law, **I (adult participant or parent/s for themselves and for and on behalf of their participating minor child) agree: 1) to release and not to sue MRR with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claim/s') for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities or use of MRR equipment, facilities or premises. I understand that in signing this Document, I, my child and anyone acting on me or my child's behalf surrender all rights to make a claim against MRR as a result of any injury, damage, death or other loss suffered by me or my child; 2) to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) MRR with respect to any and all claim/s: (a) brought by or on behalf of me, my child, spouse or other family member for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities or use of MRR equipment, facilities or premises; and/or (b) brought by a co-participant or any other person for any injury, damage, death or other loss to the extent caused by my/my child's conduct in the course of participating in these activities or using MRR equipment, facilities or premises. This Release and Indemnity Agreement includes claim/s resulting from MRR' negligence (but not its willful or wanton misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency or medical response, assessment or treatment), property damage, breach of contract or any other claim.**

**CONCLUSION**

**I (participant and parent/s of a minor participant) agree** that Missouri substantive law (without regard to its conflict of laws rules) governs this Document, any dispute I have with MRR and all other aspects of my relationship with MRR and that any mediation, suit or other proceeding must be filed or entered into only in Boone County, Missouri. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Missouri mediator. I authorize MRR staff, representatives, contractors or other medical personnel to obtain or provide medical care for the participant, to transport participant to a medical facility and to provide treatment they consider necessary for participant's health. I agree to pay all costs associated with that care and transportation. I agree to the release (to or by MRR) of any medical records necessary for treatment, referral, billing or insurance purposes. I authorize MRR to use my or my child's photo or image in any manner, for advertising, display, audiovisual, electronic or other use. **This Document is intended to be interpreted and enforced to the fullest extent allowed by law. If any portion of this Document is deemed unlawful or unenforceable it shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.**

**Participant and parent/s of a minor participant agree: I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me, my minor children, spouse and other family members and my heirs, executors, representatives, and estate. One or preferably both parent/s must sign below for any participating minor**

Parent/Guardian 1 Signature_____	Print Name_____	Date_____
Parent/Guardian 2 Signature_____	Print Name_____	Date_____