



CAMP SIVUNNIIGVIK APPLICATION

Name: Last, First		Session Date:	
Address: PO Box, City, State, Zip		Gender: M _____ F _____	
Parent or Legal Guardian's Name:	Telephone Number: () _____	Message Number: () _____	
MEDICAL HISTORY			
Are all shots current? Yes _____ No _____		Tetanus shot in last ten years? Yes _____ No _____	
Is camper currently taking any medication or prescription drugs: Yes _____ No _____ If yes, please describe purpose and directions for use: _____ _____			
Please list any special needs, limitations, disability, allergies, or know epileptic seizures: _____			
Are you traveling from outside the NANA Region? Yes _____ No _____			
EMERGENCY CONTACT			
If we are unable to contact the parent or legal guardian, please provide a name of an emergency contact in case there is an emergency. Name: _____ Telephone Number: _____			
PERMISSION/RELEASE			
I give permission for my son/daughter _____ to participate in the summer camp program sponsored by the Aqqaqaluk Trust. In giving permission, I release Aqqaqaluk Trust and the camp staff from liability for accident or injury which may result in participation in the program. In accordance with program liability insurance, I hereby release Aqqaqaluk Trust and any of its representatives from any liability accrued during travel to and from the campsite, regardless of cause. If my child is to become injured or sick during the summer program, I give permission for him/ her to be treated.			
The following person will pick up my child at the airport: _____			
Parent or Legal Guardian Signature: _____ Date: _____			
*Emergency messages will be dealt with promptly; you can call 442-1607 or 1-866-442-1607.			
<i>Campers are responsible to bring their own sleeping bags, rain gear, rubber boots, shoes, mosquito repellent, swimming gear, towels, personal hygiene, a warm jacket for boat ride, and change of clothes for the week. Please do no send your child with snacks such as; pop, candy, gum, and chips or with games and electronics of any sort. These items will be confiscated.</i>			

Over the Counter Medications

I hereby give permission for Camp Norwester to administer specific over-the-counter medications to my child if the nurse deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

The over the counter medications listed below will be stored in the Health Center. The camp nurse will do the distribution of these medications. All medications will be given based on symptoms and appropriate dosages as stated on all medication packing. Allergies and contraindications will be checked for every person before receiving non-prescription medications.

- | | | |
|----------------------------|----------------------|-------------|
| Advil | Vitamin C | Imodium A-D |
| Benadryl | Sucrets | Peptobismol |
| Travist-D | Halls | Maalox |
| Sudafed | Hydrocortisone Cream | Kaopectate |
| Acifed | Lotrimin AF cream | Metamucil |
| Robitussin DM | Bacitracin | |
| Tylenol, | Zinc oxide | |
| regular and extra strength | Tolnaftate cream | |

Parent signature _____

Name of camper: _____

Date: _____

CAMP SIVUNIIGVIK HEALTH HISTORY FORM

This side to be filled in by parent/guardian of minors or by adult staff members themselves

RETURN TO AQAALUK TRUST
P.O. Box 509, Kotzebue, AK 99752

SESSION (Circle) First Second
STAFF _____

Health History:
(Check - give approximate dates)

NAME _____ BIRTH DATE _____ GENDER _____ AGE _____
 Parent or Guardian (or spouse) _____ phone _____
 Home Address _____
 Business Address _____
 Second Parent or Guardian or Emergency Contact _____
 Home Address _____
 Business Address _____
 If not available in an emergency, notify: _____
 Name _____ Phone _____
 Address _____

Are all shots up to date? _____
 Date of last physical examination: _____
 Has this camper ever required any psychiatric counseling or hospitalization? _____
 Operations or serious injuries (dates): _____
 Disability or chronic or recurring illness: _____
 Any specific activities to be encouraged or limited by physician's advice: _____
 Dietary Modifications: _____
 Current medication (send with instructions): _____
 Other diseases or details of above: _____

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP:

Any treatment to be continued at camp: _____
 Any allergies (food, drug, plants & insects, etc.): _____
 Additional Health Information: _____
 Suggestions or health related information for camp personnel: _____

IMPORTANT - THIS BOX MUST BE COMPLETED BEFORE ATTENDANCE**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission for transportation for trips by means that may include but not be limited to, foot, boat, automobile, van, bus, and other camp vehicles.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult staff _____ Date _____

CAMPER CHECKLIST

(What you need to bring to camp)

- **Sleeping Bag**
- **Rain Gear**
- **Rubber Boots**
- **Shoes**
- **Mosquito Repellent**
- **Swimming Gear**
- **Towels**
- **Personal Hygiene**
- **Warm Jacket**
- **Change of clothes for the week**
- **Sun Screen**
- **Life Jacket (if you have one)**

****Please do not send campers with any food, drinks, electronics or games of any sort. Food and drinks will be provided and other items may be of a distraction to the camp schedule.**