

Sonlight Health Form

Participant Name: _____
Last First Middle

Address City State Zip Phone

Male Female Age: _____ Birth date: _____

Submit this form by e-mail to tommygivens@fuller.edu by: **June 9, 2018** (note that enrollment priority may be given to students who have completed and submitted forms)

Camp Dates: July 13-22

Name of group:
Fuller Wilderness and Earthkeeping

Camper lives with: Parent(s) (single household) Both Parents (separate households)

Please provide the following **emergency contact information** for use during your participation with Sonlight.

Name: _____ **Relationship to participant:** _____

Preferred Phone:(____) _____ Alternate Phone: :(____) _____

Street Address: _____

City, State, ZIP: _____

Name: _____ **Relationship to participant:** _____

Preferred Phone:(____) _____ Alternate Phone: :(____) _____

Street Address: _____

City, State, ZIP: _____

There are times we communicate via email with emergency contacts about health concerns in our camp community. Please provide preferred email addresses for health related concerns:

Primary emergency contact email: _____

Secondary emergency contact email: _____

Allergies: Check those which apply. I have **no known allergies**

I am allergic to this medication _____

Describe reaction and what is done to manage it: _____

I am allergic to this food(s): _____

Describe reaction and what is done to manage it: _____

Severity of Allergy: _____

I am allergic to the following: _____

Describe reaction and what is done to manage it: _____

Diet: Sonlight serves family-style meals. We can work with some medically prescribed diets, but do not cater to individual food preferences. Call if you have questions about dietary needs.

No red meat No pork No eggs No poultry No gluten No seafood No dairy

Other (describe) _____

If any boxes are checked, please clarify if this is a diet preference, an intolerance or allergy, and reactions _____

		<input type="checkbox"/> Breakfast dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
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<p>Health Center Medications: These medications are stocked by Sonlight, used to help manage common illness or injury. They are administered as directed by our medical protocols. Cross out those which you should not be given.</p>	<p>Resident camp Acetaminophen (<i>Tylenol</i>) Nix Opcon-A eye drops Loratadine (<i>Claritin</i>) Ibuprophen (<i>Advil</i>) Calamine Lotion Chamomile Tea Generic cough drops Guaifeesin DM (Mucinex[™] products; Robitussin Cough & Cold CF Liquid)</p>	<p>Anti-Diarrheal (<i>Maalox</i>) Tums antacid Kaopectate Epinepherine 1:1000 Diphenhydramine (<i>Benadryl</i>) Chlorpheniramine Maleate (<i>Robitussin cough and allergy syrup</i>) Tolnaftate (<i>Tinactin</i>) Pseudoephedrine Hydrochloride (<i>Advil[™] Cold & Sinus products</i>) Zyrtec (Cetirizine)</p>	<p>High Adventure and Outcamp Trips Acetaminophen (<i>Tylenol</i>) Ibuprofen Tums antacid Diphenhydramine (<i>Benadryl</i>) Pseudoephedrine (<i>Sudafed</i>) Loratadine Epinepherine 1:1000</p>
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Billing Information for Health Care:

Participants in programs sponsored by Sonlight are covered by limited accident/sickness insurance provided by Sonlight (ot a major medical policy). Students attending Sonlight with an organization (i.e. rental groups) should check with their leader for details regarding accident/sickness insurance, if any, their organization provides. (Some provide no insurance). Participants are financially responsible for healthcare given by an out-of-camp provider for any amount not covered by the Sonlight policy. To whom should the out-of-camp provider route the charges for a your healthcare?

Send healthcare bills to: _____

Mailing address: _____

This health history is correct. I am capable of participating in Sonlight activities noted on this form. I understand my health information will used by the Sonlight Camp Health Center staff in providing care to me and may be reviewed by a supervisor(s). I understand that Sonlight expects me to arrive at base camp in good health, prepared to demonstrate the ability to self-manage my behaviors in a professional way during the fast-paced, community based camp experience.

Participant Name _____

Signature _____

Date _____

Sonlight Participant Authorizations

(Two Pages)



Participant Name:

First Middle Last

Emergency Contacts

Submit this form by e-mail to tommygivens@fuller.edu by: **June 9, 2018** (note that enrollment priority may be given to students who have completed and submitted forms)

Name: _____ Phone: (____) _____

Relationship to participant: _____

Name: _____ Phone: (____) _____

Relationship to participant: _____

Camp Dates: July 13-22

Name of group:
Fuller Wilderness and Earthkeeping

Authorizations: *Please initial each authorization below, and then sign and date*

Authorization for Healthcare:

_____ My health history is correct, and knowing the risks involved I agree to participate in all Sonlight activities except as noted by me and/or the **(initials)** examining physician. I give permission for Sonlight staff to administer first aid and/or transport as they see necessary and to turn care and transport over to ambulance or search and rescue personnel if the need should arise. I give permission to the physician selected by Sonlight to order X-rays, routine tests and treatment for my health. If I cannot make health decisions concerning myself in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for me. Sonlight has permission to obtain a copy of my health record from the providers they access to treat me. I understand that information about me/my health will be shared on a "need to know" basis with other Sonlight Camp staff, to include food service staff, and/or counseling staff. I understand that Sonlight is in a rural environment. Treatment for me by a physician may be hours from Sonlight resident camp, and much longer when I am backpacking. This form may be photocopied.

Authorization for Photos

_____ I give my permission for the photos taken of me participating in Sonlight activities to be used for the promotional purposes of Sonlight, to **(initials)** include the website.

Acknowledgement of Risk

_____ I understand that Sonlight activities have certain inherent risks, that the mountain environment is different than the city, and that situations **(initials)** that will be dealt with differently than in an urban area may arise. I understand that cell phones and other electronic devices may not be used at Sonlight or on the wilderness or backpack trips.

Signature of Participant: _____ Date: _____

Sonlight Adventures, Inc.
Acknowledgment of Risks, Indemnification, and Release of Liability

Print Participant Name _____

Trip Dates July 13-22 Group Name Fuller Wilderness and Earthkeeping

Although Sonlight Adventures (A.K.A. Sonlight Christian Camp) has taken reasonable steps to provide me with appropriate equipment and skilled staff, I acknowledge that this activity has risks, including certain risks that cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that Sonlight does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not all, of those risks.

- Trips occur at high altitude. Sonlight's backpack base is about 8,000 feet above sea level with trips usually topping out between 12,500 and 13,300 feet. Above 7,000 feet people have a risk of developing a range of high altitude illnesses which can range from headaches and nausea, and in rare cases, death.
- Most Sonlight trips take place in the San Juan National Forest, part of which is a remote wilderness area. Sonlight staff are trained in first aid, but if needed, more advanced medical care may be several days away due to lack of communication, difficulty of travel, and environmental factors. Sonlight staff do carry cell phones; however, coverage is very limited in the mountain areas where most trips occur.
- Travel is primarily by foot over trails that may be narrow, unstable, unpredictable, slick, or snow covered. Each person will carry a backpack that will include their own personal gear plus some group gear. We strive to keep packs between 40 and 50 pounds. Travel to and from the trail is done by vehicle, and if evacuation becomes necessary, other travel forms including horseback and helicopter may be implemented as deemed appropriate by rescue personnel.
- Environmental factors can include weather, animals, rapidly moving water, falling and rolling rocks, lightning, and avalanches. Weather can change rapidly and unpredictably from hot and sunny to cold and snowy. Afternoon thunderstorms or hail storms are fairly common in the summer months. Possible injuries or illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.
- Meals are prepared over gas stoves and open fires. Water often requires disinfection before use. Camping risks and hazards include but are not limited to burns, cuts, wild animals, diarrhea and flu-like illness, falling timber, and falling rocks.
- Sonlight staff receives training in wilderness travel and first aid but are not infallible. Decisions are made, by the Sonlight staff and participants in a wilderness setting, based on a variety of perceptions and evaluations that by their nature are imprecise and subject to errors in judgment.

I understand the above description of the risks involved is not complete and that other unknown or unanticipated risks may result in property loss, injury, illness, or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. I have verified with my physician and other medical professionals that I have no past or current physical or psychological condition that might affect my participation in the course, other than those described on the Health Form. I agree to release from liability Sonlight Adventures Inc. (A.K.A. Sonlight Christian Camp), its staff, counselors, and Board of Directors as well as the personnel of Fuller Theological Seminary. I also agree to indemnify Sonlight Adventures Inc., its staff, counselors, and Board of Directors in the event of a civil suit. I agree that any litigation involving Sonlight Adventures Inc., its staff, counselors, or Board of Directors will occur in Archuleta County, Colorado. I also understand and agree that if any part of this document does not apply, the rest of the document will remain in effect.

I have read, understood, had the opportunity to ask questions, and accepted the terms and conditions stated herein.

Signature of Participant: _____ **Date** _____

Sonlight Adventures, Inc.
A.K.A. Sonlight Christian Camp
PO Box 536, Pagosa Springs, CO 81147
970. 264.4379
email: sonlight@sonlightcamp.org
sonlightcamp.org

Sonlight Physical Form



Submit this form by e-mail to tommygivens@fuller.edu by: **June 9, 2018** (note that enrollment priority may be given to students who have completed and submitted forms)

**** Sonlight must have a current physical exam and Physical Form on file that is dated less than 12 months before the start of the Sonlight program. ****

To Physicians and Nurse Practitioners: This individual has enrolled in a summer camp program at Sonlight Camp, in southwest Colorado. The program is based at 8,000 feet above sea level. The program involves demanding physical activity (i.e., high-altitude, multi-day backpacking in a mountainous region). Our healthcare staff will use your information to meet the health needs of the person described. Note that not all healthcare staff are registered nurses; some have only first aid skills. For further clarification of the camp program and activities, please feel free to call: 970.264.4379 or visit our website: www.sonlightcamp.org.

To be completed by a physician or nurse practitioner based on an examination done within 12 months of camp participation.

Student Name: _____

Date of examination ___ / ___ / _____

BP _____ Weight _____ Height _____

This individual is under the care of a physician for the following:

Recommendations and Restrictions:

Physician order for medication (prescription and over the counter) and/or treatment to be administered at camp:

Description of prescribed meal plan or dietary restrictions:

Known allergies:

List activities in which this person should not participate, or have limited participation (describe limitation):

Additional information for health care staff at camp, to include significant medical history:

Physician or Nurse Practitioner Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone: (_____) _____