



# 2015 - Non-Anaphylactic **SERIOUS MEDICAL CONDITION ALERT**

Camper's Name \_\_\_\_\_

Age as of June 2015 \_\_\_\_\_

Grade completing \_\_\_\_\_

• **MEDICAL CONDITION DESCRIPTION**

This camper has a potentially **DANGEROUS**, life-threatening condition described as:

\_\_\_\_\_

and may be aggravated by the following:

\_\_\_\_\_

• **AVOIDANCE**

The key to preventing an emergency is:

\_\_\_\_\_

• **SPECIFIC PRECAUTIONS AND PARENTAL/ MEDICAL INSTRUCTION IN THE EVENT OF AN EMERGENCY**

\_\_\_\_\_

• **SYMPTOMS**

<b>Mouth:</b> <b>Skin:</b> <b>Throat:</b> <b>Lungs:</b> <b>Gut:</b> <b>Heart/Brain:</b> <b>Other:</b>	<b>Untreated, these symptoms can lead to:</b> _____
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• **EMERGENCY MEASURES:**

<b>Call 911</b> ❖ Tell them a camper has the above noted condition and needs help at Camp Northland. We are located at 4250 Haliburton Lake Road, Haliburton, ON Radio the office and Director using the closest walkie-talkie. Send a responsible runner to the Health Centre to personally advise the medical staff of the situation.
<b>Transport child to hospital immediately even if symptoms subside, accompanied by a staff member</b> ❖ Send any additional medication with the camper in the ambulance
<b>A member of the Leadership Team [including medical staff] will call the parents/guardians or emergency contacts.</b>

• **CONTACTS**

Name	Office/Day Phone	Home Phone	Mobile Phone
Parent/Guardian _____	(___) ___-____ ext.____	(___) ___-____	(___) ___-____
Parent/Guardian _____	(___) ___-____ ext.____	(___) ___-____	(___) ___-____
Emergency contact _____	(___) ___-____ ext.____	(___) ___-____	(___) ___-____
Emergency contact _____	(___) ___-____ ext.____	(___) ___-____	(___) ___-____

I agree that the camp may display my child's picture, take the Emergency Measures deemed necessary, and that this information will be shared, as necessary, with the staff of the camp and health care providers. I have provided, or will provide prior to the bus departing to camp, any necessary medication to the Camp Director along with the Camp's medical waiver.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's Signature



## **Schedule to Anaphylaxis and Serious Medical Condition Alerts**

### **Acknowledgment and Assumption of Risk**

#### **WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE**

The undersigned are the parents of \_\_\_\_\_, a camper for the 2015 season at Camp Northland B'nai-Brith ['Camp']. I am aware of the dangers and the risks to my child being in a residential camp environment, and in particular while at or under the care of Camp staff. All of the relevant medical conditions have been fully disclosed to Camp.

I understand that there can be certain risks to my child's physical health since he has a condition described as: \_\_\_\_\_. I also understand that there are potential risks of which I may not presently be aware. Because of the potential risks, and acknowledging that Camp is located in a remote location away from cities and hospitals, the closest being Haliburton, Ontario, immediate advanced emergency medical care is not always achievable. I hereby declare that I will not hold the camp, or The Jewish Camp Council of Toronto, liable for any loss or damages that might be encountered/suffered as a result of my child's current health and/or medical condition. Despite providing medical care in its internal Health Centre, The Jewish Camp Council of Toronto, and in particular, Camp has no responsibility or liability for injury or illness. I voluntarily permit my child to participate being cognizant of the possible danger and risks involved, and I hereby agree to accept and assume any and all risks of personal injury, or death.

In consideration of allowing my child to attend Camp, and the sum of \$1.00 the sufficiency which is hereby accepted and acknowledged, I forever: [a] waive, release, and discharge The Jewish Camp Council of Toronto, Camp and their respective agencies, officers, directors, and employees from any and all negligence and liability for my child's death, disability, personal injury, or claims of any nature which may hereafter occur to my child as a direct or indirect result of participating in camp; and [b] agree to defend, indemnify, and hold harmless Camp and its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and legal fees, which in any manner result from the participant's stay in Camp, or when under the care and supervision of camp whether on site in Camp or any related field trips or otherwise.

I hereby consent that my child can receive the medical treatment which may be deemed advisable in the event of injury, accident or illness during my child's stay in camp, or while under the care and supervision of camp staff.

This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. I, the undersigned parent/guardian, affirm that I am freely signing this agreement on behalf of my child.

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any damages, losses or causes of action my child may sustain, and/or be entitled to as a result of attending Camp and any of its programs.

I agree that if any portion of this document is held invalid, the remainder will continue in full legal force and effect.

**READ BEFORE SIGNING**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Witness Name \_\_\_\_\_ Witness Signature \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Witness Name \_\_\_\_\_ Witness Signature \_\_\_\_\_