

ELI Participant Screening



ELI Participant's Name _____

Site Name _____

(Please explain "YES" responses on the back of this form.)

Check-in Form

- YES / NO** Has the ELI Participant been sick within the last 14 days?
- YES / NO** Does the ELI Participant feel like s/he is running a fever?
- YES / NO** Has the ELI Participant been exposed to a contagious illness in the last 14 days?
- YES / NO** Does the ELI Participant have any visible signs of injury (cuts, bruises, etc.) or any rashes or itches?
- YES / NO** Has the ELI Participant had any change in their health or immunization status since the Health History information was completed?
- YES / NO** Does the ELI Participant have any over-the-counter or prescription medications in his/her luggage? (must be turned in)
- YES / NO** Does the ELI Participant have a cell phone in their possession or luggage? (must be turned in)
- YES / NO** Is the ELI Participant allergic to foods, medicines, or bee stings? (If yes, please list reactions and severity on back of this

Camper Name

Parents Complete <i>Please list only the medications to be taken at camp</i>	FOR OFFICE USE ONLY															
DO NOT WRITE HERE		FOR			OFFICE			USE			ONLY					
Date																
Day	Sun	Monday			Tuesday			Wednesday			Thursday			Friday		
Time	D	H	S	B	L	D	H	S	B	L	D	H	S	B	L	D
Name of medication _____ Amount of each dose _____																
Circle all times to be given: Breakfast – Lunch – Dinner – Bedtime																
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Medication Administration Signature/Initial _____

Health Information Release, Permission to Treat, Transport and Use Likeness

- I attest that the health history information I completed online during the registration process for the above-named ELI Participant is current, correct and accurately reflects the health status of said ELI Participant. This ELI Participant has permission to participate in all program activities except as noted by me and/or an examining physician. I give permission to the physician selected by the program to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the program has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program staff about my child's health status. I agree to hold Grow Day Camps, LLC (dba Experiential Leadership Institute), its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program.
- I attest that the information given in the above "ELI Participant Screening Form" and "ELI Participant Medication Record" is accurate and truthful.
- I understand that all medications for my ELI Participant will be administered by a site director or program director and that professional medical care will be contacted in a consultative or emergency role only.
- I give permission to the program staff to transport my ELI Participant for emergency or programmatic purposes at the discretion of the director or program director.
- For good and valuable consideration, we hereby consent to and authorize the reproduction, publication, and use by North Georgia Camp and Retreat Ministries INC, Grow Day Camps, LLC (dba Experiential Leadership Institute) and their successors and assigns, for advertising, commercial, or any other purpose, of any photograph, picture video or likeness of my child or other family members.

Signature of Parent or Legal Guardian _____

Date _____

Printed Name of Parent or Legal Guardian _____

Phone _____