Friends Forever – Colorado
Annual Medical Consent & Release

MEDICAL INFORMATION / LIABILITY RELEASE / CONSENT FORM

This is a legally binding agreement. Read it carefully and decide whether to sign where indicated below.

Participant's Name:_____ Age:_____

Address:_____ City:_____ Zip: _____

Parent/Guardian Name:_____

Home Ph:_____ Work Ph:_____ Cell Ph: _____

Emergency Contact:_____ Phone:_____

Relationship:_____

Primary Doctor:_____ Phone:_____

Medical Insurance Coverage:_____ Policy #:_____

Known Allergies:

_____

(include medicines, foods, bee stings,)

Current Medication or Conditions:

_____

_____

(include any related information that would assist in safe treatment)

COVID – 19 WAIVER AND DISCLOSURE

The undersigned acknowledges the following:

1. The contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
   That FF – CO has used its best efforts to put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
2. That FF – CO cannot guarantee that participants will not become infected with the Coronavirus/Covid-19.
3. That the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of the participants and others, including, but not limited to, staff and volunteers of FF – CO.
   That we voluntarily seek services and activities provided by FF – CO and acknowledge that participating in those services and activities may increase the risk that participants may be exposed to the Coronavirus/COVID-19.
4. That the participant is needs comply with all set procedures to reduce the spread while attending activities of FF – CO.

The undersigned attests the following pertaining to the participant:

1. Participant is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
2. Participant has not traveled internationally within the last 14 days.
3. Participant has not traveled to a highly impacted area within the United States of America in the last 14 days.
4. Participant does not believe they have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
5. Participant has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as noncontagious by state or local public health authorities.
6. Participant has been following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

The Participant *(Check One)*:This information is optional – but appreciated

_____ has received a COVID-19 Vaccine _____ Date of last booster

_____ has NOT received a COVID-19 Vaccine

Note to participant and/or guardian:

Friends Forever – Colorado wants you or your child's experience to be a safe and happy one. However, in the event of an accident or illness, it is important that we have the following information.

Emergency backup contact info (in addition to primary listed above):

Name: _____Relationship to Participant: _____

Phone: (Cell) _____(Home) _____(Work) _____

Name: _____Relationship to Participant: _____

Phone: (Cell) _____(Home) _____(Work) _____

Camper's

Diagnosis:_____

Limited Activities:_(if any)_____

Allergies or other Medical Issues: (include medicines, foods, bee stings,) _____

_____

Prescription Medications to be administered:

Name of medication: _____ Dosage & schedule: _____

Name of medication: _____ Dosage & schedule: _____

Name of medication: _____ Dosage & schedule: _____

Name of medication: _____ Dosage & schedule: _____

Can attach a Medical Admission Record (MAR) if more space is needed.

Permission for Non – prescription substances administered by camp nurse (please circle):

- Ibuprofen (Motrin/Advil) Yes No
- Acetaminophen (Tylenol) Yes No
- Hydrocortisone Cream Yes No
- Diphenhydramine (Benadryl) Yes No
- Loratadine (Claritin) Yes No
- Cetirizine (Zyrtec) Yes No

- Fexofenadine (Allegra) Yes No
- Triple Antibiotic Ointment (Neosporin) Yes No
- Antacid (Tums) Yes No
- Decongestant Yes No
- Sunscreen Yes No
- Aspirin Yes No
- Cough Medicine Yes No
- Anti – diarrhea (Loperamide) Yes No

Health Care Provider Name: _____

Phone Number: _____

Health Care Provider Signature: _____

Medical insurance company and policy #: _____

Any capitalized terms not defined on this page shall have the meanings set forth in the associated Agreement to Terms, Liability Release, Waiver of Claims, Express Assumption of Risk and Indemnification Agreement that was provided with this form as part of the Friends Forever – Colorado 2021 General Activity Participation Agreement. **If signing pursuant to a power of attorney or guardianship, you must attach documentation evidencing your authority to sign on behalf of the Participant.**

Undersigned has voluntarily requested that Friends Forever – Colorado, a Colorado Nonprofit Corporation ("FF-CO") allow Participant to participate in Activities. Undersigned represents and warrants that Participant(s) have adequate insurance to cover any injury or damage that Participant(s) may suffer or cause while participating in the Activities, or that Undersigned agrees to bear the cost of such injury or damage personally. In case of a medical emergency in connection with participation in any Activity, Undersigned hereby give permission to FF-CO to order treatment for Participant, whether that Participant is myself or the Protected Person who I am signing om behalf of. This permission includes consent for any emergency medical treatment deemed reasonably necessary by medical professionals and/or first responders. Undersigned understand and agree that all medical costs are Undersigned's responsibility. Undersigned hereby release and hold harmless FF-CO and all officers, agents, employees, stockholders, members, directors, managers, volunteers, and all other persons or entities associated with FF-CO from all liability, and from all actions or claims that Undersigned now or hereafter may have for damage, loss or injury of any kind, to any person or property, resulting from or arising out of this Medical Information / Liability /Release / Consent Form.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND AM AWARE THAT IT IS A LEGALLY BINDING DOCUMENT THAT AFFECTS MY LEGAL RIGHTS AND REMEDIES, AND THOSE OF MY CHILD, MY FAMILY AND HEIRS. I HAVE SIGNED THIS AGREEMENT VOLUNTARILY AND OF MY OWN FREE WILL.

SIGNATURES REQUIRED TO PARTICIPATE:

_____
PRINT Participant's Name

_____
Participant's Date of Birth

_____
Participant's Signature (if 18 or older)

_____
PRINT Name of Participant's Parent/Legal Guardian

_____
Signature of Participant's Parent/Legal Guardian