

SUMMER 2024 CAMP TAMARACK MEDICAL ACKNOWLEDGMENT & WAIVER FORM

TO: CAMP TAMARACK LTD (the “Camp”)

General:

1. To the best of my knowledge, my child(ren) is/are in good health and I have fully disclosed all medical, psychological and/or emotional problems or concerns.
2. In case of emergency, should I not be immediately available for consultation, I hereby give permission to the physician/and or camp staff selected by the Camp Director to secure proper treatment for my child(ren), including related transportation, injections, anaesthetics, surgery or hospitalization. I agree to be responsible for any extra medical expenses incurred by my child(ren) or by the Camp on behalf of my child(ren).
3. If any medical information concerning my child(ren) is delivered separately from what is contained in the attached form, I will confirm with the Camp in writing that the Camp received such information. I agree to disclose any changes in my child(ren)’s health status in writing to the Camp.
4. Medications (prescription or over the counter), will be administered only if they are properly labeled by a pharmacist or physician in their original container with name of medication and dosage. All medical information will be disclosed, in addition to medical staff, to other appropriate staff at Camp, for the safety and protection of my child(ren).

Mandatory Immunizations:

The Camp’s efforts to ensure a safe and healthy environment at camp includes health promotion, of which immunization is a key component. By doing so, we align ourselves with school boards and Health Canada. As such, all campers and staff at Camp must have received all of the mandatory immunizations which are as follows: Measles, Mumps, Rubella, Pertussis, Tetanus, Diphtheria, Polio, Meningococcal C Conjugate and Chicken Pox. If no vaccination schedule is received, the Camp will assume my child(ren) has/have not been vaccinated if required by Ontario law. Any camper without such required vaccinations will have to leave Camp if an illness breaks out at Camp that could put them at risk in our doctor’s sole discretion with no refund of fees.

Illness at Camp: The Camp is, and must, be prepared for the possibility that a communicable disease and/or some other illness may be part of Tamarack’s health landscape in Summer 2024. As the community’s health and safety are the Camp’s number one priority, the Camp is ready and prepared to support anyone impacted.

I understand that the Camp will not be able to identify and/or quarantine campers or staff for all kinds of mild viral symptoms of any illness type. In the Camp’s stated goal to have camp be as normal as possible, it has, however, a variety of interventions available to it, including:

- medications to treat symptoms;
- masking in certain circumstances;
- isolating someone in a dedicated, supervised facility;
- prescribing rest in the cabin or Health Centre;
- assessment by the doctor;
- sending someone home for a short or extended period of time (until welcoming their return when certain criteria are met);
- performing an in-camp diagnostic test;
- travelling to a nearby off-site diagnostic testing centre; and/or

- regular hand sanitization before meals

General: I acknowledge that the Camp is committed to complying with the relevant requirements and recommendations of any national, provincial and local public health and other government authorities. I recognize and understand these measures will not, and do not, eliminate all risk of harm to our family or my child(ren) and that participation in Camp comes with inherent risks, including many risks that are outlined in our application. The Camp will maintain hygiene and infection control practices at Camp, and will be reviewing with the Ontario Camps Association, public health officials and the Camp's medical staff such health protocols. It is possible that, for health reasons, the operational program of Camp could change and if so, the Camp will advise me so that I can prepare my child(ren).

I acknowledge that I must indicate in writing to the Camp if my child(ren) have a pre-existing health concern that could impact their health at camp.

I will discuss with my child(ren) the importance of following all guidelines at the Camp and protocols to prevent the spread of infection and to adhere strictly with all screening guidelines and protocols that are outlined and provided by the Camp.

I hereby give authority and consent for any testing facility or hospital to disclose to the Camp the results of all tests conducted on my child(ren). I further give permission for the Camp to provide the necessary contact information and health card information to the Camp doctor, nurse or any testing facility/company that will be doing any or all testing on my child(ren) or for any other medical reason at the Camp's discretion.

Release:

In consideration of the Camp allowing my child to attend Camp and for other good and valuable consideration, I hereby release and forever discharge Camp Tamarack and its officers, directors, employees and agents from any and all claims, actions, demands, causes of action, suits, debts, duties, warranties, claims over, indemnities, contracts, losses, injuries, undertakings, covenants and liabilities of whatever nature and kind, including but not limited to claims for physical or mental injury, disease, negligence, breach of contract, breach of statutory duty or duty of care, failure to protect my child or family from the inherent or latent dangers of participating in the Camp program, that I or my child may now or hereafter have against the Camp and its officers, directors, employees and agents arising from any matter or thing, including but not limited to my child's participation in any Camp program and any communicable disease related loss, damage, expense or injury, except as may result solely from its or their gross negligence.

Applicable Law:

All aspects of the relationship between our family, our child(ren) and the Camp and its officers, directors, employees and agents and the resolution of all disputes arising from or in connection with such relationships shall be governed by and construed in accordance with the applicable laws of Ontario and of Canada. I agree that the Courts of Ontario shall have exclusive jurisdiction over any claim, legal dispute or cause of action arising out of my child's attendance at and participation in any program of the Camp.

This Summer 2024 Tamarack Medical Acknowledgment & Waiver Form has been read, understood and is hereby agreed to by me on behalf of my child(ren) and is in addition to, and does not replace, any other Tamarack waivers, acknowledgments or other documents I/we have signed or will sign.

PRINT NAME OF PARENT/GUARDIAN: _____

PRINT NAMES OF CAMPER(S): _____

DATE: _____

SIGNATURE: _____