





**CHESTERFIELD COUNTY SHERIFF'S OFFICE**  
**Virginia Office of the Attorney General**  
**Virginia Rules Camp**  
**August 5 - 9, 2019**



Name of Child: \_\_\_\_\_

Please print

Name of Parent or Guardian: \_\_\_\_\_

Please print

Instructions: Before your child can attend Virginia Rules Camp, this form needs to be completed **in its entirety**. We are requesting that you review our request for permission to use your child's photograph and quote. More complete information on each request is detailed below.

**1) PERMISSION TO USE PHOTOGRAPH AND QUOTE**

During the week of Virginia Rules Camp, your child may be photographed during his/her attendance of Virginia Rules Camp. This authorization will allow the Attorney General's Office and Chesterfield County to use photographs and/or quotes from your child for educational or promotional purposes in any type of media, including its website.

I authorize the Virginia Office of the Attorney General and Chesterfield County to use photographs of my child, \_\_\_\_\_, taken by the OAG or Chesterfield County during activities at the Virginia Rules Camp for educational or promotional purposes in any type of media, including its web site. The OAG and Chesterfield County has permission to use the photograph, child's name, quote, or other identifying information for an unlimited number of times. Photographs or quotes may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorization.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

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



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**MEDICAL HISTORY FORM**

Participant Name : \_\_\_\_\_ (Nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If not available in an emergency, notify: \_\_\_\_\_

Name Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH HISTORY**

The following information must **be completed** by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your child's needs.

**ALLERGIES** List all known medical and food allergies.

_____	/	_____	/
_____	/	_____	/
_____	/	_____	/
_____	/	_____	/

**SPECIAL DIET** If your child requires a doctor prescribed diet, please indicate diet and reason below.  
(Please attach sample menu or special food list.)

\_\_\_\_\_

**MEDICATIONS BEING TAKEN**

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Bring only medicines to camp that require prescriptions. We will administer the non-prescription medications to campers upon their request or instruction from parent/guardian. Bring prescription medicines in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Parent/Guardian Authorization: This health history is correct and complete as far as I know. I agree to notify Virginia Rules Camp if any change occurs in my child's medical condition before arriving at camp. The person herein described has permission to engage in all camp activities except as noted above. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I give permission to the camp to arrange necessary related transportation for my child. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. I hereby waive and release Virginia Rules Camp and its staff from any and all liability for any injury or illness incurred at camp. Final permission is given to use any pictures of the above mentioned minor for promotional purposes.

Signature of parent/guardian: \_\_\_\_\_

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



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**GENERAL QUESTIONS**

(Explain "yes" answers (below))

Has/does the participant:

- |   |         |
|---|---------|
| 1. Have a chronic or recurring illness/condition?                       | Y__ N__ |
| 2. Ever been hospitalized? .....  | Y__ N__ |
| 3. Have frequent headaches? .....                                       | Y__ N__ |
| 4. Ever had a head injury? .....  | Y__ N__ |
| 5. Ever had frequent ear infections? .....                              | Y__ N__ |
| 6. Ever passed out during or after exercise? .....                      | Y__ N__ |
| 7. Ever been dizzy during or after exercise? .....                      | Y__ N__ |
| 8. Ever had chest pain during or after exercise? .                      | Y__ N__ |
| 9. Ever had seizures? .....   | Y__ N__ |
| 10. Have asthma? .....  | Y__ N__ |
| 12. Ever had high blood pressure? .....                                 | Y__ N__ |
| 13. Ever been diagnosed with a heart murmur? .....                      | Y__ N__ |
| 14. Ever had back problems? .....                                       | Y__ N__ |
| 15. Wear glasses, contacts or protective eyewear? ....                  | Y__ N__ |
| 16. Have an orthodontic appliance being brought....                     | Y__ N__ |
| 17. Have any skin problems?(itching, rash, acne, etc)..                 | Y__ N__ |
| 18. Have diabetes? .....  | Y__ N__ |
| 19. Ever had an eating disorder? .....                                  | Y__ N__ |
| 20. Have emotional difficulties for which professional help was sought? | Y__ N__ |

**Please explain any "yes" answers, noting the number of the questions.**

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**Use the space below to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.**

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**Activity Consent Form and Approval by Parents or Legal Guardian**

This form is required for participation in off-site activities related to the High Ropes Course.

The High Ropes Course is part of the COPE course at Pocahontas State Park, it requires participants to have long pants and be physically fit.

Many of the activities done in COPE require the participant to pay attention and follow directions from course operators. Failure to do so can result in serious injury or in death. I understand that my son/daughter will be participating in the High Ropes Course at Pocahontas State Park. I understand that trained Scouting volunteers and Pocahontas State Park staff will be facilitating this event and give my permission for my son/daughter to participate in the High Ropes Course and acknowledge the activities require long pants, no exceptions.

First name of participant and middle initial \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age during activity \_\_\_\_\_

Has approval to participate in the High Ropes Course at Pocahontas State Park.

Without restrictions

Special considerations or restrictions:

\_\_\_\_\_

**Hold Harmless Agreement**

I understand that participation in High Ropes Course activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Area code and telephone number (best contact and emergency contact) Email (for use in sharing more details about the trip or activity)

**Emergency Contact:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



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**CAMPERS SWIMMING PERMISSION SLIP**

I, \_\_\_\_\_, give permission for my child to participate in swimming activities during the week of August 5-9, 2019 at the 2019 Virginia Rules Camp. My child has / has not (circle one) previously completed swimming lessons, by a licensed aquatic professional.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSO Camp Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_