

**Food and Environmental Allergy Consent to Participate
CAMP CODY**

Scout/Participant's Printed Full Name

The participant and guardians (as applicable) are choosing to participate in Camp Cody and the activities that make up Camp. I/We acknowledge having read, understand and accept the conditions and issues discussed in the Camp Cody Food and Environmental Allergy and Anaphylaxis Policy.

Initials ____/____

I/We understand that Camp Cody and the overnight outing have logistical challenges that make state-of-the-art medical care and treatment impossible until evacuation to professional medical personnel is effected. This may take an extended period of time and may compromise efforts to treat the medical emergency.

I/We fully understand the logistical limitations present at Camp and the overnight outing and the potential impact of these limitations in the diagnosis, treatment and evacuation to professional emergency personnel.

I/We have made the Camp Staff aware in writing of all health and allergy concerns known to me/us and have attached a copy of the required Food Allergy & Anaphylaxis Emergency Care Plan.

The participant and guardians are aware which allergens to avoid and will take the necessary personal responsibility and steps to do so. I/We also understand and accept that it is impossible to predict every allergen that may cause a severe allergic reaction.

I/We understand that the Camp Staff will make every reasonable effort to help the participant avoid exposure to serious allergens but understand that no guarantee can be implied or made to insure that no allergens will be encountered.

I/We understand that it is impossible for any facility or Camp to completely know the content of food prepared at camp or the commercially prepared and packaged food provided to the participants.

One of the following must be initialed as to agreeing with the statement:

- I/We give my/our consent for my/our son to eat the food prepared at Camp with full knowledge of the potential risks. Initials ____/____ or
- I/We am/are instructing the Camp Staff to not provide any Camp food to my/our son. I/We will arrange for food to be available to be served to my/our son including the overnight outing. I/We will provide specific instructions to the Staff and my/our son regarding how the food will be provided to him. I/We understand that if my/our voluntarily eats food from the Camp, that the Camp is not responsible for any serious outcome. Initials ____/____

I/We agree to hold harmless Camp Cody, its Staff and participants in the event that my/our son experiences a serious allergic reaction or life-threatening medical condition beyond the scope of care reasonable at a backwoods, remote location such as Camp Cody or locations on the overnight campout.

Participant's Signature

Date

Father's, or Legal Guardian's Signature

Date

Mother's or Legal Guardian's Signature

Date