

"iThings 2 Collard Greens"
Girls On The Move Overnight Camp
Medassage Center -Mt. Croghan, South
Carolina



July 9th- July 16th, 2026

8 days of Outdoor Fun and Education

*Camping, yoga, meditation, gardening, art and crafts,
cooking, sewing, knitting, nutrition, green cleaning, and
much more*

\$325.00 Contribution per girl

Information: 202-368-8721/301-455-2607

Email: contact@ithings2collardgreens.org

Website: ithings2collardgreens.org

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WAIVER AND CONSENT FORM

I, the undersigned, hereby certify that I am the parent or legal guardian of

Name of Camper

I hereby give permission for the “ iThings 2 Collard Greens Camp” staff to seek during the period of the Camp appropriate medical attention for my child, and for my child to receive the medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I hereby acknowledge that my child is physically fit and mentally capable of participating in all camp activities.

I the undersigned, hereby acknowledge and understand that “I Things 2 Collard Greens Camp” is a privately run camp.

I waive, release and forever discharge “iThings 2 Collard Greens Camp” and the aforementioned staffs, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during the participation in camp activities or while at Camp.

I give permission for the “iThings 2 Collard Greens Camp” to take photographs of my child while engaged in Camp activities for the sole purpose of advertising and publicity, and I understand that my child’s identity will remain anonymous in conjunction with any photograph used in marketing. My signature below indicated that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Home Phone #: () _____

Work Phone #: () _____

Emergency Phone #: () _____

Contact Name: _____

Cell Phone #: () _____

Contact Name: _____

Home Phone #: () _____

Work Phone #: () _____

Emergency Phone #: () _____

Contact Name: _____

Cell Phone #: () _____

Contact Name: _____

*Special instructions regarding the care of your child while at camp:

INSURANCE INFORMATION

Insurance Company Name: _____

Policy #: _____ Group #: _____

Policy Holder's Name: _____

Relationship to Camper: _____

*Special instructions regarding Submission of Insurance:

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SUPPLEMENTAL HEALTH FORM

The Health History and Examination Form must be completed by parents/guardians of minors or by an adult.

Camper's Name _____
Last First Initial

Date of Birth _____ Age _____

Home Address _____
Street & Number, City, State, Zip

Has this camper been on any medication within the last six months? _____

If yes, please explain. _____

Has this camper ever required any psychiatric counseling or hospitalization?

Explain _____

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Activities encouraged or limited by physician _____

Dietary modifications _____

Other diseases or details of above _____

Name of dentist / orthodontist _____

Name of family physician _____

Date of last physical examination _____

Do you carry family medical/hospital insurance? _____

If so, indicate: Carrier _____ Policy or Group # _____

Health History:

(Check, give appropriate dates.)

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting Disorders
- Hypertension
- Mononucleosis
- Psychiatric Treatment

Diseases

- Chicken Pox
- Measles
- German Measles
- Mumps

Allergies (dates not needed)

- Hay Fever
- Ivy poisoning, etc.
- Penicillin
- Other Drugs
- Asthma

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine test, treatment and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian

Date