

MinTEC Medical Release

This Form Must Be Sent in ASAP or no later than Two Weeks Before Your Child's Week at Camp



To be completed by parents/guardians of those under 18 years of age, or by adult campers and staff members themselves. Without this completed form your child will not be allowed to participate in any camping event.

Personal Information

Camper Name: (Last) _____ (First) _____ (MI) _____

Home Phone: _____ D.O.B: _____ Age: _____ Gender: _____

Parent/Guardian Name: (Last) _____ (First) _____

Address: _____ City/State: _____ Zip: _____

1st Emergency Contact: _____ Ph #: _____

2nd Emergency Contact: _____ Ph #: _____

Physician Name: _____ Ph #: _____

Is the participant covered by family medical hospital insurance? YES NO

If yes, please indicate carrier _____ Policy or Group #: _____

****Please provide a copy of the front and back of the health insurance card and attach to this form.***

Health History

Immunization Records

Please Note: A current immunization record from doctor must be provided before a camper will be allowed to participate in any camp activity. Please attach to this form.

Date of last Tetanus shot: _____ Are immunizations current? YES NO

If No, which one(s) are not current? _____

Medications

Able to take Tylenol? YES NO Able to take Advil? YES NO

Are you currently on any medication? Please specify: _____

Please list Medications that you are bringing to camp: ***(All campers with medications must be reviewed with and received by the Nurse during registration)***

Medication _____ Dosage _____ x Daily _____ Time _____

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Prescribing Physician (s) _____

Does camper have any allergic reactions to:

Bee Stings Poison Ivy/Oak (Highly Allergic)

Drugs (describe) _____

Foods (describe) _____

Other _____

Please describe allergic reactions

Has camper had any illness, injuries or surgeries? _____

Any special medical conditions the camper may have that would require extra care? _____

Any special restrictions or considerations while at camp? _____

Has camper had a recent exposure to a contagious or infectious disease? _____

Any concerns we should be aware of, such as health habits, health conditions, menstruation, recent loss or trauma? _____

THIS SECTION MUST INCLUDE THE SIGNATURE OF A LICENSED PHYSICIAN OR CERTIFIED PHYSICIAN OR NURSE PRACTITIONER.

I have examined the above camp applicant within the past 12 months and in my opinion, this camper's health is stable enough to participate in an active camp program.

Please Print or Stamp Physician's Name: _____

Licensed Physician's Signature: _____

Date of Form Completion: _____ Phone: _____

*Form Completed by _____

*Initial if completed by nurse or physician's assistant. Must be signed within the 12 months prior to the beginning of the camp season.

IMPORTANT: This section must be completed for participation in camp activities

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp's health care provider to provide routine health care; to administer medication; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I affirm that the camp, its staff, and volunteers are held harmless from any liability claims, judgments, and costs incurred during my/my child's stay at the facility or involvement in the camp experience. This completed form may be photocopied for trips out of camp.

Parent/Guardian Name (Printed)

Date

Parent/Guardian Signature

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Camper Name (Printed)

Date

Camper Signature