Medical Release

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

Pine Springs 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_____

Medication_____ Dosage_____ x Daily _____ Time_____

Medication_____ Dosage_____ x Daily _____ Time_____

Medication_____ Dosage_____ x Daily _____ Time_____

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?_____

_____

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