

Pine Springs Camp Medical Release Form

Without this completed form your child will not be allowed to participate in any camping event.

Personal Information

Name (Last) _____ (First) _____ (M.I.) _____

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

Parents/Guardian (Last) _____ (First) _____

Address _____
Street City State Zip

Emergency Contact #1

Name _____
Last First Relationship Phone

Emergency Contact #2

Name _____
Last First Relationship Phone

Physician Name _____ Phone _____

Is camper covered by family medical hospital insurance? YES NO

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

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

Health History

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

If no, please list immunizations not current _____

Is camper able to take Tylenol or Advil? YES NO

Please list any medications camper is currently taking:

Medication _____ Dosage _____ x Daily _____ Specific time's _____

Prescribing Physician _____ Phone _____

Medication _____ Dosage _____ x Daily _____ Specific time's _____

Prescribing Physician _____ Phone _____

Medication _____ Dosage _____ x Daily _____ Specific times _____

Prescribing Physician _____ Phone _____

Does camper have any allergic reactions to?

Bee Stings _____ **Poison Ivy/Oak** _____ **Drugs** _____ **Foods** _____

Please describe any reactions: _____

Has camper had any illness, injuries or surgeries?

Any special restriction 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: The box below 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 record as 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 me/my child's stay at the facility or involvement in the camp experience. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian or Adult Camper _____ **Date** _____

Printed Name _____

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

Signature of adult or youth camper: _____ **Date** _____

