

**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 of camper: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Home Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Ph #: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Ph #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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-----

Date of last Tetanus shot: \_\_\_\_\_ Are immunizations current? \_\_\_\_\_

If No, which one(s) are not current? \_\_\_\_\_ Able to take Tylenol or Advil: YES  
NO

Are you currently on any medication? Please specify:

\_\_\_\_\_

**Please list Medications that you are bringing to camp: (All medications must be with the Nurse)**

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 \_\_\_\_\_ Drugs \_\_\_\_\_ Foods \_\_\_\_\_

Please describe any reactions \_\_\_\_\_

Has camper had any illness, injuries or surgeries?

\_\_\_\_\_

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: 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 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.

Signature of Parent/Guardian or adult camper:

\_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature of adult or youth camper: \_\_\_\_\_

Date: \_\_\_\_\_