

Camper's Health Information and Consent Form

Camper's full name _____ Gender M F DOB: ___/___/___

Camp Registered for _____ Dates of Camp _____

Parent/Guardian _____
Phone _____ Work _____ Cell _____

Emergency Contact (relation) _____
Phone _____ Work _____ Cell _____

Camper's Current Physician _____ Phone _____

Health Insurance Co.: _____
Policy No.: _____ Name of member _____

Has your child been exposed to any communicable disease in the past 6 months? Yes No

(If yes, please specify) _____

To the best of my knowledge, this child is healthy and fit for an active camp program. Yes No

Date of last Tetanus Shot (mm/dd/yyyy) _____

Are immunizations current? Yes No

Previous hospitalizations/surgeries: _____

Limitations of activities by physician's advice (i.e. swimming, hiking, etc.): _____

The camper is currently experiencing or has recently had problems with:

Allergies:

____ Hay Fever
____ Ivy Poisoning, etc.
____ Insect/bee stings
____ Penicillin
____ Other Drugs
____ Asthma
____ Other (Please specify)

Other:

____ Frequent Ear Infection
____ Convulsions
____ Diabetes
____ Bleeding/Clotting Disorders
____ Restricted Diet (please be specific
in order to help our kitchen staff)

____ Bed-wetting
____ Exposure to Sun
____ Sleep Walking
____ Other (Please specify)

Neuro/Psychological:

____ ADD/ADHD
____ Epilepsy
____ Concussion
____ Counseling

Medications

Type of Medication _____

How to Administer _____

Purpose of Medication _____

Other comments _____

Please note that the medication must be in original container with the label still intact.

Consent Form

Medical Release: The health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities except as noted. In Case of Medical Emergency, if I cannot be contacted, I hereby give permission to a camp representative and the physician he/she selects to secure proper treatment, including: hospitalization, ordering injections, giving anesthesia, x-rays, routine tests, treatment, transporting of child, or performing operations as may be urgently necessary for this child and to release reports necessary for insurance purposes for my son/daughter noted above. This form may be copied for emergency purposes. I understand that every effort will be made to contact the camper's responsible parent or guardian. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

Liability Release: In consideration of being permitted to participate in any way in the activities at and to attend Camp Hammer, I, for myself, my child, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Camp Hammer, its parent organization, Twin Lakes Church, its officers, employees, and agents, from liability from any and all claims including the negligence of Camp Hammer, its parents organization, Twin Lakes Church, its officers, employees, and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to the activities and attendance at Camp Hammer. The participation in activities at Camp Hammer carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Activities at Camp Hammer require a high level of physical fitness, I warrant that my child is physically fit and able to participate in all Camp Activities except those listed above. I also agree to INDEMNIFY AND HOLD HARMLESS Camp Hammer, its parent organization, Twin Lakes Church, its officers, employees, and agents, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, as a result of my child's attendance and involvement in any activities at Camp Hammer, including any claim asserted by my child after he/she become an adult. I also acknowledge that I have read the above and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing freely and voluntarily, and intend by my signature to a complete and unconditional release of all liability to the greatest extent allowed by law.

Publicity Release:

I give Camp Hammer permission to audio, video, and photography of this registering camper for the purposes of Camp Hammer sales and promotions without compensation or approval rights (i.e. brochure mailings, highlight promotional videos, and photos for our website).

Releaser Signature (Parent/Guardian): _____ Date: _____