

**CONFIDENTIAL HEALTH FORM FOR CHILDREN, YOUTH AND ADULTS
ATTENDING CAMP BUC AND CAMP FELLOWSHIP 2008**

Food allergies (list)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med. #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med. #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

RESTRICTIONS

The following restrictions apply to this individual

Dietary (check any that apply)

Does not eat red meat

Does not eat pork

Does not eat eggs

Does not eat poultry

Does not eat seafood

Does not eat dairy products

Other (describe) _____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does the participant	Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>

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- | | | |
|--|-----|-----|
| 19. Have any skin problems (e.g., itching, rash, acne)? | [] | [] |
| 20. Have diabetes?..... | [] | [] |
| 21. Have asthma? | [] | [] |
| 22. Had mononucleosis in the past 12 months?..... | [] | [] |
| 23. Had problems with diarrhea/constipation?..... | [] | [] |
| 24. Have problems with sleepwalking?..... | [] | [] |
| 25. If female, have an abnormal menstrual history? | [] | [] |
| 26. Have a history of bed-wetting? | [] | [] |
| 27. Ever had an eating disorder?..... | [] | [] |
| 28. Ever had emotional difficulties for which professional help was sought?..... | [] | [] |

Please explain any "yes" answers, noting the number of the questions.

YOUR CHILD'S IMMUNIZATION RECORD MUST BE ATTACHED OR DATES OF IMMUNIZATION ENTERED BELOW:

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware. _____

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

RELEASE FOR CAMP ACTIVITIES

I, _____, hereby release my child (or ward), _____ to participate in camping activities of the Outdoor Ministries Partnership of Foothills Presbytery, Inc. and Trinity Presbytery, Inc. through its camps, Camp Buc and Camp Fellowship, respectively. I am informed of the following:

Please Initial Each Statement

____ That the camping facilities are unique settings for the exploration and understanding of nature.

____ That in nature campers may be subject to certain occurrences that include but are not limited to the following: severe thunderstorms, extensive rainfall, exposure to direct sunlight, intense heat, tornados, sudden drops in air temperature, or high, gusty winds.

____ That in nature, campers could encounter certain hazards that include but are not limited to the following: poisonous snakes, poisonous spiders, rabid wildlife, and other pests such as mosquitoes, biting flies, bees, and other biting or stinging insects.

____ That general camp activities may include, but are not limited to the following: swimming, canoeing, hiking, fishing, turtle handling, sailing, archery, cooking over an open flame, and recreational games that involve physical exertion.

____ That specialized camp activities may include, but are not limited to the following: use of cables, ropes, harnesses, and other equipment for high ropes events such as the high ropes course, the zipline, or the flying squirrel; the low ropes course; backpacking, river canoeing, water skiing, ocean sailing, or horseback riding.

____ That "specialized camp activities" are limited to those camp programs that list those activities as part of their curriculum, and that they may include camp transportation to that activity.

____ That in all activities and in preparation for all natural occurrences and in encounters with all natural hazards, and in all camp provided transportation, camp staff will take all reasonable measures to provide for the safety and health of my child (or ward)

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By initialing these statements, I am attesting to the fact that I have read each statement. I hereby release and hold harmless Foothills Presbytery, Inc. and/or Trinity Presbytery, Inc., their camping facilities, and any of their successors or heirs, for any accidents occurring at camp or during camp activities of the 2008 camping season. I, my family, or my heirs agree to waive any rights we may have to claim liability against the Presbyteries in the future for said accidents.

I also hereby give permission for the Outdoor Ministries Partnership to use any image or likeness of my child (or ward) through mediums such as, but not limited to, photography, video, digital, or any other such medium for public relations mediums such as, but not limited to, brochures, websites, commercials, or any other such medium.

I am also informed of the Outdoor Ministries Partnership disciplinary procedures for campers who misbehave. Such procedures **shall not include** any form of corporal /physical punishment, demeaning treatment, or physical retention. Such procedures **may include** positive reinforcement, setting contracts for acceptable behavior, exclusion from certain appropriate camp activities, or early expulsion from camp. Certain extreme situations may call for "safe" physical retention techniques such as "bear hugs". In said cases, camper and/or staff safety is at stake. I agree that my child (or ward) shall abide by camp rules and regulations for the sake of their safety.

Signature of Parent/Guardian: _____ Date: _____

Signature of Child: _____ Date: _____

**THE FOLLOWING MUST BE SIGNED AND NOTARIZED
FOR ATTENDANCE AT CAMP BUC OR CAMP FELLOWSHIP ***

AUTHORIZATION TO TREAT OR MEDICATE:

I verify that the above medical information contained herein about my child, _____, is complete and accurate. I also understand that reasonable measures will be taken to safeguard the health and safety of my child and all children at camp. I will be notified in the case of an emergency. I hereby give permission for the camp director or other appropriate camp personnel to call a physician to administer emergency care which may include injection, anesthesia, X-rays or surgery. I also give permission for the release of medical records. By signing this authorization, I am attesting to the fact that I have read it and understand it.

I also understand that camp staff may administer over the counter medications such as acetaminophen (Tylenol), Ibuprofen (Advil), calamine lotion, and other medications on an as needed basis. I hereby give permission to the camp staff to administer such medications as needed. All dosages will be given according to the labels on the medications.

Signature: _____ Date: _____

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

Signature of camper _____ Date _____

The information provided in this Health Form and Release Form is accurate to the best of my knowledge.

Signature of Parent / Guardian: _____ Date: _____

Sworn and subscribed before me this _____ day of _____, 2008.

Notary Public: _____ State of _____

My commission expires: _____

*If for religious reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.