



2018 Camp Peaks Day Camp Health & Information Form



CAMPER INFORMATION:

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: _____ E-MAIL: _____

PHONE: (H) _____ (C) _____

MEDICAL INFORMATION:

Does the participant have any **allergies** to medications, foods, insects, or other substances? If so, please describe.

Will the participant be taking any **medications** regularly? If so, please describe by name, schedule, dosage, etc.

All medications must be in original packaging/bottle that identifies the prescribing physician as well as name of medication, the dosage, and the frequency of administration.

Are there any **medical conditions** the staff should be aware of? If so, how do they affect the participant's activities?

Please give any medical/physical information that might limit or prevent full involvement in Day Camp activities.

EMERGENCY CONTACT 1: _____

RELATIONSHIP: _____ E-MAIL: _____

ADDRESS (if different): _____

PHONE: (H) _____ (W) _____ (C) _____

EMERGENCY CONTACT 2: _____

RELATIONSHIP: _____ E-MAIL: _____

ADDRESS (if different): _____

PHONE: (H) _____ (W) _____ (C) _____

INSURANCE INFORMATION:

NAME OF INSURED: _____

COMPANY: _____ PHONE: _____

ID#: _____ GRP#: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Is there any specific **pick-up/drop-off** instruction or information that you would like to share with the Day Camp staff?

Is there any **other information** you would like Day Camp staff to know about your camper?

Parent/Guardian Authorization:

Liability: I understand that my child will be participating in physical activities and off site activities, and the potential for accidents exists. I understand that Camp Peaks has established guidelines to minimize risks to provide a safe environment. In condition of acceptance, I indemnify and hold harmless Camp Peaks and its Staff from any and all liability, claims, damage, injury or illness sustained by my child.

Medical: I consent and give permission to the Day Camp Director and/or designated staff to administer authorized medication, first aid and /or emergency treatment to my child. In addition, when neither parent, guardian nor emergency contact person can be located, I give permission and consent to Presbytery of the Peaks Day Camp Director and/or designated staff to provide or arrange transportation for my child and to select and consent to a health care provider’s evaluating, testing, treating and/or hospitalizing my child when in their opinion such services are needed. I also consent to the release of medical records and medical information in order to secure medical care and/or payment of services

Field Trip Permission: My signature below gives permission for the child named on this Health Form to leave the grounds of the sponsoring church during Day Camp, accompanied by authorized Presbytery of the Peaks personnel and driven by camp approved drivers.

Media Waiver: My signature below gives permission for the child named on this Health Form to be photographed, and the resulting photo/video to be used in future Camp and Presbytery approved publicity.

Signature: _____

Date: _____

Print Name: _____

*Please bring this Health Form with you on the first day of Day Camp.
It must be on file in the Day Camp office in order for the camper to attend Day Camp.*