

## CAMREC Camper Health History & Authorization Form

Camper's Name: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Name of Health Insurance Plan: \_\_\_\_\_ Member #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Alternate Emergency Contact: \_\_\_\_\_

### Medical Information

#### Health History

- Diabetes
- Asthma
- Epilepsy
- Heart defects/disease
- Recent surgery
- Bleeding disorder

#### Allergies

To medications: \_\_\_\_\_

To foods: \_\_\_\_\_

To insect stings: \_\_\_\_\_

#### Date of last booster

Tetanus \_\_\_\_\_ MMR \_\_\_\_\_ Chicken pox \_\_\_\_\_

Is there any other information about the camper that you want the director/counselor to know about, such as:

Sleepwalking \_\_\_\_\_ Behavior concerns \_\_\_\_\_ Bedwetting \_\_\_\_\_ Depression \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Special diet requirements: \_\_\_\_\_

Current medications and instructions: \_\_\_\_\_

Additional instructions for the camp counselor/director: \_\_\_\_\_

<b>PARENT'S AUTHORIZATION 1—ASSUMPTION OF RISK:</b> I am the custodial parent or guardian of the camper named above and assume, for myself and the camper, the risks, including the risk of illness, injury, death and damage to property, inherent in the activities associated with camping including, but not limited to, tobogganing, tubing, sledding, and other snow sports; swimming, floating, and other water sports; climbing, hiking, and other mountain sports; and other exposure to the conditions of nature in a rural, mountain environment. I agree on behalf of myself and the camper named above to release, hold harmless, and indemnify Washington Mennonite Fellowship/Camp Camrec and its caretakers, staff, and/or agents from any damages, claims, liabilities, and injuries relating to the camper's participation in any Camp Camrec activities, all of which have my permission except as follows. No permission is granted for participation in the following activities: _____	
SIGNATURE: _____	DATE: _____

Is there anyone who has a restraining order against this camper and cannot come near the child? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please explain.
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<b>PARENT'S AUTHORIZATION 2—HEALTH:</b> This health history is correct so far as I know. I agree to hold harmless and indemnify Washington Mennonite Fellowship/Camp Camrec and its camp caretakers, staff, and/or agents from any damages, claims, liabilities, or injury suffered by the camper named above at or involved with Camp Camrec, including but not limited to those arising from the rendering of first aid or medical treatment. I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of the camper named above, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for this camper. This form may be photocopied for use out of camp.	
SIGNATURE: _____	DATE: _____

<b>PARENT'S AUTHORIZATION 3—PUBLICITY:</b> I hereby grant to Camp Camrec and to its agents the right to photograph the camper named above and use the photo and or other digital reproduction of him/her for publication processes, whether electronic, print, digital or electronic publishing via the Internet. YES <input type="checkbox"/> NO <input type="checkbox"/> I certify that I am a custodial parent or guardian and have the aforementioned rights to assign.	
SIGNATURE: _____	DATE: _____

### Registration Checklist:

1. Register online at <http://camrec.org/programs/summer-camps/>
2. Complete this camper health history and authorization form
3. Make check payable to: Camp Camrec
4. Mail to: Camp Camrec, 18899 Little Chumstick Creek Rd, Leavenworth, WA 98826