

HUSTON CAMP AND CONFERENCE CENTER

HEALTH FORM 2017

P.O. Box 140, Gold Bar, WA 98251 ~ Ph: (360) 793-0441 ~ Fax: (360) 793-3822

The Release for Emergency Treatment on the reverse side must be signed by a parent/guardian.

Without your signature, your camper will not be allowed to check in at camp.

CAMPER NAME:

PERSONAL INFORMATION

Camper's Name: Birth date: Sex: Age:

Parent/Guardian/Spouse:

Home Address: City: State: Zip:

Phone(s) - Cell: Work/Home:

Emergency Contact: Relationship: Phone:

Camper's Doctor/Clinic: Phone:

Address: City: State: Zip:

Do you have medical insurance? Yes No Policy #: Carrier:

PARTICIPANT'S HEALTH HISTORY: PLEASE CHECK

Table with 3 columns of health conditions (Asthma, ADD/ADHD, Headaches, etc.) and checkboxes for YES/NO.

ALL IMMUNIZATIONS REQUIRED FOR SCHOOL ARE UP TO DATE:

Yes No

Date of last tetanus booster shot:

List all allergies (food and/or drugs):

List recent illnesses or past medical treatment:

List current medications (prescribed or over the counter) and dispensing instructions:

Is there any special medical or dietary restrictions or care needed?:

Describe any camp activities from which the camper should be exempted for health reasons (swimming, hiking, games, etc.):

Use this space to provide a description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp:

SIGNATURE OF PARENT/GUARDIAN: DATE:

RECOMMENDED PHYSICAL EXAMINATION: We strongly encourage a physical examination by a licensed medical provider within 6 months of your arrival at Huston. This will help ensure the safety of every child who attends camp.

PLEASE NOTE - HEALTH EXAMS ARE NOT REQUIRED TO ATTEND CAMP HUSTON

Check the: nose, throat, skin, heart, hernia risk, abdomen. Comments:

List any prescription medications to be sent to camp, and conditions they are treating:

I examined the individual named above on (date) and have reviewed the Health History. It is my opinion that this person is physically able to engage in camp activities except as noted. Restrictions:

Signature: Date:

NO ONE WILL BE ADMITTED WITHOUT THIS FORM Please complete both sides.

SESSION #:



THE FOLLOWING MUST BE COMPLETED



UNLESS THIS FORM IS SIGNED BY A PARENT OR GUARDIAN, THE CAMP CANNOT GET EMERGENCY HELP FOR YOUR CHILD IN CASE OF INJURY. THANK YOU FOR YOUR COOPERATION.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

PARENT'S AUTHORIZATION: This Health History is correct so far as I know and _____ (camper's name) herein described has permission to engage in all described camp activities except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to dispense medications and to seek emergency medical treatment; 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/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PARENT'S AUTHORIZATION: I, the undersigned parent/person having legal custody/guardianship of the above named minor, hereby give permission for the minor to participate in the Camping Programs of Camp Huston. I give permission for individual or group photographs or video footage of my child to be used by the camp for historical and/or promotional purposes. I have read the description of the program in the camp brochure, and camp session letter. I understand that the program includes such activities as long hikes, sleeping outside in tents, cooking around a campfire and group discussions. The minor is physically able and mentally prepared to participate in all camp activities. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the camp program. I will not hold Camp Huston or the Dioceses of Olympia Inc. liable for any injuries incurred during the program whether caused by equipment or the acts of omission of others excepting damage or injury solely caused by the willful misconduct or negligence of Camp Huston or its employees or agents.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

CAMPER AGREEMENT

I have read the letter for my session at Camp Huston and am looking forward to my stay. I am willing and able to participate fully in all camp activities. I will do my best to work with others, to respect the property of Camp Huston, other campers, and the camp staff. I understand that failure to live up to this agreement might result in early dismissal from Camp Huston without a refund.

SIGNATURE OF CAMPER _____ **DATE** _____

NO ONE WILL BE ADMITTED WITHOUT THIS FORM
Please complete both sides.

<i>FOR OFFICIAL USE ONLY</i>	
How are you feeling?	Health House Screening
	Hair <input type="checkbox"/>
Any changes since you sent in your form?	Hands <input type="checkbox"/>
	Feet <input type="checkbox"/>
Have you been exposed to any communicable diseases?	Toes <input type="checkbox"/>
Do you have any prescription or over the counter medications?	Comments: