

HUSTON CAMP AND CONFERENCE CENTER

HEALTH FORM 2023

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

Without your signature in the three required places (front and back), your camper will not be allowed to check in.

PERSONAL INFORMATION

Camper's Name: _____ Birth date: _____ Gender: _____ 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

Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADD/ADHD	<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart Defect/Disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	Head Lice (past 6 mo)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tuberculosis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bed Wetting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Ear Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sleep Walking	<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO
Recent Hospitalization	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fainting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (explain below)	<input type="checkbox"/> YES <input type="checkbox"/> NO

COVID-19 Information

Fully Vaccinated as of _____ ☐

ALL IMMUNIZATIONS REQUIRED FOR SCHOOL ARE UP TO DATE (SEE SEPARATE IMMUNIZATION POLICY FOR MORE INFORMATION):

☐ 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: _____

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: While we strongly encourage a physical examination by a licensed medical provider within 6 months of your arrival at Huston a **HEALTH EXAM IS NOT REQUIRED TO ATTEND.**

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.

CAMPER NAME: _____

SESSION #: _____

**NO ONE WILL BE ADMITTED WITHOUT THIS FORM****Please complete both sides.****AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

The information provided in the Health Form is correct so far as I know and _____ (camper's name) has permission to engage in all camp activities except as noted on the Health Form. I hereby give permission to the medical personnel selected by the camp director to provide routine health care and for the camp director or his designee to dispense medications; to seek emergency medical treatment; to order X-rays, routine tests, and 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.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____**AUTHORIZATION TO PARTICIPATE AND RELEASE OF LIABILITY**

I have read the description of the camp program in the parent handbook and camp session letter. I understand that the camp program includes such activities as long hikes, sleeping in cabins with others, cooking and recreating around a campfire, challenge activities, and group discussions. I understand that the risks of injury and illness (including communicable diseases such as MRSA, influenza, and COVID-19) to the camper named above (camper) from the activities involved in the camp program are significant, including the potential for permanent disability and death, and while rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist. The camper is physically able and mentally prepared to participate in all camp activities. I give permission for the camper to participate in all activities incident to the camp program and for photographs or video footage of the camper to be used by Camp Huston or the Diocese of Olympia for historical and/or promotional purposes. I (for myself, my spouse, the camper, any heir, assign, personal representative, and next of kin) (1) voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the camp program and (2) release and will hold Camp Huston and the Diocese of Olympia (and anyone employed or acting on their behalf) (together, the releasees) harmless for any injury, illness, disability, death, or loss or damage to person or property incident to the involvement or participation by the camper in these programs, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I have explained to the camper the risks of the activity and the camper's responsibilities for adhering to the rules.

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** _____

FOR OFFICIAL USE ONLY	
Do you have any prescription or over the counter medications?	Health House Screening
	Hair <input type="checkbox"/>
Any changes since you sent in your form?	Hands <input type="checkbox"/>
	Feet / Toes <input type="checkbox"/>
Have you been exposed to any communicable diseases?	
How are you feeling? Any of the following in the last 24 hours (circle if yes, cross out if no): fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle aches, body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, diarrhea	Comments:
<input type="checkbox"/> Negative COVID test verified	