

SINGLE MOM'S CAMP HEALTH RECORD

Mom's Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Home Church _____

Denomination _____

To assist our camp medical staff please fill in the following information for each family member.

Allergies (If any indicate)

	Parent Name	Child 1	Child 2	Child 3	Child 4
Drugs					
Plants					
Bee Stings					
Foods					
Other					

Immunizations (Please note month/year)

Tetanus					
Polio					
TB					
MMR					

Medication:

Activity

Restrictions:

Medical

Restrictions:

Medical History (If Notable):

SINGLE MOM'S CAMP WAIVERS

GENERAL ACTIVITY WAIVER – As parent or legal guardian, I am in favor of the above person attending camp and participating in all activities unless otherwise specified. Camp Mohaven may use pictures of my child taken during camp for promotional purposes. I hereby release the Ohio Conference of SDA, Camp Management and its employees from liability in case of accident or illness. I understand that my insurance is primary and that Camp Mohaven's insurance is secondary. In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I realize that camp activities have inherent risks. I knowingly accept and assume these risks, and agree to release Camp Mohaven and the Ohio Conference of SDA, and its parent organizations from any and all liability and responsibility. Further, I agree to indemnify and hold harmless said organizations from any and all claims, damages, injuries, and expenses arising out of or resulting from my participation in camp activities.

Signature _____ Date _____
Relationship _____ Name of Insured _____
Medical Insurance Carrier _____ Policy # _____

EQUINE WAIVER(please print)

I, _____ parent/guardian of _____(camper)agree to hold harmless, exonerate and indemnify Camp Mohaven, Ohio Conference of SDA, or Ohio Corp. of SDA, or any of its employees liable for injury or death due to the inherent risks of equine activity in which my child may be involved. These risks include, but are not limited to (1)the propensity of an equine to behave in dangerous ways which may result injury to the participant, (2)the inability to predict an equine's reaction to sound, movement, objects, persons, or animals and (3)hazards of surface or subsurface conditions. I agree to allow my child to participate in equine activities by signing below.

Signature _____
Date _____

If this is not signed your child will not be permitted to ride a horse at Camp Mohaven.

__I do not want my child to ride a horse.