



HEALTH STATEMENT FORM

INSTRUCTIONS: Complete both pages of this form (*Health Statement & Release of Liability*) and submit at registration. If bringing any medications (*prescription or not*) to a 3 night (*or longer*) stay, make an extra copy of the completed 'Health Statement Form' to place in a large zip-lock along with all medications to turn in at registration. Print legibly in dark ink. These forms are mandatory for attendance/participation.

LEGAL NOTICE: All adults (*18 and older*) attending a youth or children's camp (*duration of 3 or more nights*) must have a **Criminal Background Check** and **Sex Offender Background Check** performed prior to arrival on camp. Results must be presented on arrival. In addition, all adults having any contact with minors at camp must pass an approved **Child Protection Training** program and exam on recognizing and preventing child abuse. Results of this training/testing must be presented upon arrival.

PARTICIPANT GENERAL HEALTH INFORMATION

Participant Name: _____ Birthdate: ____/____/____ Gender: _____
 Church/Group Attending with: _____ Date of Attendance: ____/____/____ to ____/____/____
 Emergency Contact: _____ Relation to Participant: _____
 Emergency Contact Home Phone: _____ Cell Phone: _____ Work Phone: _____
 List any health concern/issue that would be relevant to an attending physician in the case of an emergency: _____

List any chronic or reoccurring illnesses or diseases: _____

List any food, medicine, insect, plant or any other significant allergies: _____

List any pre-existing injuries which occurred BEFORE attending camp: _____

Write a general assessment of the participants health: _____

Please check all current immunizations for the participant. *It is requested that you attach a current shot record.*

☐ Diphtheria/Tetanus/Pertussis Date of last tetanus shot: ____/____/____ ☐ Polio ☐ Measles/Mumps/Rubella ☐ Tuberculosis ☐ Other: _____
☐ I have chosen to not have my child immunized: (*Parent/Guardian Signature*) _____

PARTICIPANT INSURANCE INFORMATION

Insured Member's Name: _____ Member ID: _____
 Health Insurance Provider: _____ Group ID: _____
 Health Insurance Provider Phone Number(s): _____
 Primary Care Physician: _____ Phone: _____

It is requested that you attach a photocopy of your current Health/Accident Insurance Card.

MEDICAL POLICY AND INSTRUCTIONS FOR CAMP ATTENDANCE

1. All medications (Rx or over-the-counter) must be labeled with patients name and in original container. Check expiration dates. No expired medications will be given.
2. All prescription and non-prescription medications must be presented to the camp health personnel upon arrival to camp.
3. All medications must be stored and dispensed from the camp health station (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
4. Diabetics must bring a copy of their Diabetes Management Plan.
5. Non-prescription medications, such as vitamin supplements or pain relievers, will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
6. EpiPens or emergency inhalers may be kept with the camper (please send an extra one to be kept in the health station). Camp health personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not completely relieved the camper must be brought to the health center for evaluation.
7. List any medical problem, medical alert, allergy, or other relevant health concern/issue under 'Participant General Health Information.'

MEDICATION DOSAGE AND FREQUENCY CHART

INSTRUCTIONS: List all medications, dosage and frequency on the chart below. Print an extra copy of this chart to add additional medications. Place all medications **and an extra copy of this page** in a large zip-lock with the participants name and church/group written in permanent marker on the outside of the bag.

Name of Medication	Dosage	Frequency / Time(s)	Comments
1)			
2)			
3)			
4)			

By signing below, I acknowledge that the information listed on this form is correct and current and that the above named participant is physically capable to be present on camp and participate in any and all camp activities.

Participant Signature _____

Parent/Legal Guardian Signature (*if participant is under 18*) _____

Date: ____/____/____



RELEASE OF LIABILITY FORM

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PARTICIPANT INFORMATION

Participant Name: _____ Birthdate: ____/____/____ Gender: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Grade Completed: _____ T-Shirt Size: _____
 E-mail: _____ ☐ Check if you do NOT want to receive camp e-mails
 Church/Group Attending with: _____ Date of Attendance: ____/____/____ to ____/____/____
 Emergency Contact: _____ Phone: _____ Relation to Participant: _____

PARENT/LEGAL GUARDIAN INFORMATION

Complete only if participant is under 18 years of age

Parent/Legal Guardian Name: _____ Relation to Participant: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 E-mail: _____ ☐ Check if you do NOT want to receive camp e-mails

STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGMENT OF INHERENT RISKS: I certify that I am aware of the inherent risks associated with the various indoor and outdoor camp activities, as well as the inherent risks of being on camp property. Heart of Texas Baptist Camp takes all reasonable precautions to ensure a safe and enjoyable experience. However, parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. I acknowledge the decision to participate in any camp activity at any level is at all times completely up to the individuals choice. As the parent/legal guardian, I give the participant named above permission to participate in any and all camp activities. Further, in consideration for Heart of Texas Baptist Camp agreeing to accept the person named above as a participant in camp activities, I hereby personally assume all the risks in connection with my, or my child's, participation in any and all events at Heart of Texas Baptist Camp.

2. ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY & LIMITATIONS OF INSURANCE COVERAGE: In the event that the participant named above is injured during camp activities or treated for illness contracted on camp property, I acknowledge that the participants family/personal health and accident insurance will act as primary provider. The camps medical insurance policy will only act as a secondary provider for injuries or illnesses that occur on camp premises. I understand that, beyond these limitations, the costs and associated expenses incurred in connection with medical services rendered in response to said injury or illness are my responsibility to cover.

3. RELEASE AND HOLD HARMLESS AGREEMENT: I agree to release and hold harmless the Heart of Texas Baptist Camp, it's trustees, employees, agents and representatives for any injury, harm, or other damage by any occurrence in connection with participation in camp activities in any form or fashion. I further agree to release and hold harmless the Heart of Texas Baptist Camp, it's trustees, employees, agents and representatives from any claim by me, my family, estate, heirs or assigns out of my, or my child's, participation in activities at Heart of Texas Baptist Camp.

4. PRE-AUTHORIZATION FOR MEDICAL TREATMENT: I hereby authorize any medical and/or surgical treatment (including but not limited to hospital care)

to be rendered to the participant named above, as needed in the judgement of the treating physician (who is chosen by the Heart of Texas Baptist Camp Director) or any employee working under him/her, as circumstances require. I further authorize the Heart of Texas Baptist Camp nurse, health staff, camp management, camp staff, activity facilitators, volunteers and/or event leaders to render emergency rescues, CPR, and/or first aid emergency care as deemed necessary within the scope of their training. I further authorize the designated camp nurse, or qualified health supervisor, to administer medications as prescribed and programmed on the 'Medication Dosage & Frequency Chart,' completed by the parent or guardian on the 'Health Statement Form.'

5. NON-PRESCRIPTION MEDICATIONS: I give permission to the camp nurse, health supervisor, and/or health center staff to administer non-prescription, over-the-counter medications to the participant named above based on symptoms (not a diagnosis). For example (but not limited to); Tylenol or ibuprofen for mild fever or pain; Benadryl or Claritin for allergy symptoms; Pepto-Bismol for diarrhea; cortisone cream for bug bites; calamine for poison ivy; and so on

6. ACKNOWLEDGEMENT OF RESPONSIBILITY FOR DAMAGES: I agree that I am financially responsible for any damage to camp property caused by the participant named above; including any acts of graffiti, vandalism or destruction of property.

7. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS: The above named participant agrees to obey and observe all camp rules, dress codes, procedures, schedules, and curfews. As well as fully cooperate with adult leadership, camp staff, camp facilitators and other campers. I agree that, if in the judgement of the adult leadership and/or camp staff, the above named participant becomes a discipline problem, that participant may be sent home at my expense and that I will forfeit all camp fees paid.

8. USE OF PARTICIPANT PHOTOGRAPH/VIDEO FOR PROMOTIONAL PURPOSES: I agree and consent that the above named participant photographs, and/or videos, may be used for promotional purposes for publicity material by Heart of Texas Baptist Camp and/or program leadership.

By signing below, I acknowledge that I have read, understand and will adhere to the information set forth above, including the Release and Hold Harmless Agreement.

Participant Signature _____

Parent/Legal Guardian Signature (if participant is under 18) _____

Date: ____/____/____