

**Sound View Camp and Retreat Center**  
**Health History and Medical Information Form – Families**  
**Session Dates: \_\_\_\_\_ to \_\_\_\_\_**

**A copy of this form must be present at the first day of each session your family attends. If you are mailing your forms early, make sure they are at Sound View one week PRIOR to your family's arrival. You may make as many copies as sessions your family is attending. If we don't have the form at check-in, you will have to refill out the information during the check-in process.**

We are the \_\_\_\_\_ Family  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Our adult medical representative (filling out this form) is: \_\_\_\_\_  
 Non-family members \_\_\_\_\_ are \_\_\_\_\_ are not included in our group.  
 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**\*\*\*\*\*Please complete the following for EVERY member of your family/group (Add more members on back/next page)\*\*\*\*\***

PARTICIPANT #1 NAME: _____
*Allergies, medications, special restrictions, or other current health conditions we should know about: _____
*Food Allergies or Special Dietary Needs: _____
Will you (the adult medical representative from above) be handling medications for this participant? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes, I will <input type="checkbox"/> Would like camp personnel to handle

PARTICIPANT #2 NAME: _____
*Allergies, medications, special restrictions, or other current health conditions we should know about: _____
*Food Allergies or Special Dietary Needs: _____
Will you (the adult medical representative from above) be handling medications for this participant? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes, I will <input type="checkbox"/> Would like camp personnel to handle

PARTICIPANT #3 NAME: _____
*Allergies, medications, special restrictions, or other current health conditions we should know about: _____
*Food Allergies or Special Dietary Needs: _____
Will you (the adult medical representative from above) be handling medications for this participant? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes, I will <input type="checkbox"/> Would like camp personnel to handle

**In case of emergency, contact outside of camp (please print):**

Name #1 \_\_\_\_\_ Phone AM \_\_\_\_\_ Phone PM \_\_\_\_\_

Name #2 \_\_\_\_\_ Phone AM \_\_\_\_\_ Phone PM \_\_\_\_\_

**PERMISSION TO TREAT**

Confirmation and authorization: This information is correct as far as I know, and the members of our family group can engage in all camp activities except as noted above. In the event of medical or surgical emergency, I hereby give permission for treatment to the physician secured by Sound View. We understand that available adult members of our family group will, if at all possible, be involved in the decision making process regarding any emergency. Treatment might include, but is not limited to, hospitalization, x-rays, injections, anesthesia and surgery. We will not hold Sound View, the Presbytery of Olympia, their agents or employees responsible for any accident or injury. In the event any treatment is not covered by insurance applicable to the activities, we will be responsible for expenses incurred.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADD ADDITIONAL FAMILY MEMBERS ON BACK/NEXT PAGE:**