

**Health History, Medical Authorization, Liability Waiver and Indemnification Agreement**

**Short Mountain Encampment Association**

Select Camp Week  Warren/White  Maury 1  Maury 2  Putnam  
 to be Attended:  W. Nashville  Cannon  Coffee

**IMPORTANT: This form must be completed and notarized for camp attendance.** Medical information is confidential and shared only with camp or medical personnel when deemed appropriate or in the event of an emergency.

Attendee Information:	Last:	First:	MI:
	Date of Birth:	Social Sec. #	
Address	Street:	City:	State: Zip:

A photocopy of the front and back of health insurance card must be attached to this form.

Primary Insurance	Insurance Company Name:		
	Policy Holders Name- Last:	First:	MI:
	Date of Birth:	Social Sec. #:	
	Subscriber ID:	Group ID:	

Secondary Insurance	Insurance Company Name:		
	Policy Holders Name- Last:	First:	MI:
	Date of Birth:	Social Sec. #:	
	Subscriber ID:	Group ID:	

Emergency Contact	Last:	First:	Relationship:
	Home Phone: ( )	Day Phone: ( )	
	Cell Phone: ( )		

Secondary Emergency Contact	Last:	First:	Relationship:
	Home Phone: ( )	Day Phone: ( )	
	Cell Phone: ( )		

Current Medications: (Please list all prescriptions, over the counter medicines, supplements, and vitamins or attach a list)	<b>Please initial here if this attendee has no medications.</b> _____		
	Medication Name	Dosage	Times per day

List any over the counter medicine that the nurse **may not** administer for this attendee below. (headache, stomach discomfort, bug bites, etc.)

**\*All medications sent to camp must be turned in to the camp nurse in the original containers with prescription and directions on the container. If this attendee has an allergy that requires an EPI Pen, please bring it with you to camp.**

Please list Past Surgical History and/or check or list any Relevant Medical Information for this attendee.

Surgical History:	Relevant Medical Information:		
	Allergies	High Blood Pressure	Diabetes
	Asthma	Seizures	Other:
	Bronchitis	Sleep Walking	

Are there any activities from which this attendee should be restricted because of health? (circle one) Yes No

Has this attendee been exposed to any communicable diseases in the past 3 weeks? (circle one) Yes No

Please explain if you checked "Yes" above:

**In Case of Emergency:**

**Parent/Guardian Authorization:** This health history is correct and complete to my knowledge. The person herein described has permission to engage in all camp activities except those noted. I hereby give permission to the camp nurse to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I, and on behalf of my personal representative and heirs and on behalf of my child, children, or ward hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Short Mountain Encampment Association and its officers, board members, employees, and volunteer workers from all claims or actions for bodily injury, property damage, wrongful death, loss of services, or otherwise which may arise out of the attendee named above attending camp. The undersigned will indemnify the Short Mountain Encampment Association and/or its officers, board members, employees, and volunteer workers for any medical expenses incurred by the attendee named above while attending Short Mountain Bible Camp together with any damages awarded to the attendee. I have read the above waiver, indemnification, release, and medical authorization. By signing this document, it is my intention to exempt and relieve the Short Mountain Encampment Association and any persons affiliated with the camp from any liability for personal injury, illness, property damage, wrongful death or any other causes of action caused by negligence or any other cause. The consideration for this waiver, release and indemnification is the permission for the attendee to participate in the activities provided by the Short Mountain Encampment Association.

(Father or Legal Guardian) _____	Date _____	(Mother) _____	Date _____
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<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Hospital regulations require that this form be notarized before it can be accepted.</b> </div>	_____
	(Notary)

\_\_\_\_\_  
(Commission Expiration)

**THIS AUTHORIZATION AND WAIVER MUST BE COMPLETED FOR ADMITTANCE TO CAMP**