HOPE SHORES BIBLE CAMP HEALTH RECORD & RELEASE FORM – 2019

The following health form must be completed in full by the parent/guardian of each camper, or by the camper if 18 years of age, prior to the camper's arrival at camp. Your camper's health and safety is a top priority while he/she is at Hope Shores. It is important that Hope Shores follows state laws and accreditation standards to ensure a fun and safe week for all campers.

Sections included in this form: Camper and Parent Information, Medical Insurance (must attach copy of health insurance card), Parent Authorization to Treat, Physical Examination by Physician, Immunization Record, Health History, Medications, Drug and/or Food Allergies.

Hope Shores is required by the state of Minnesota to collect this information. The physical examination must be performed by a licensed practitioner not more than 90 days prior to admission to camp. It shall include a health history, immunization record, notes regarding any communicable diseases that the camper may have, and instructions if the camper has any restrictions related to normal camp activities. All of this information is included on our Health Form. As Hope Shores is also an American Camping Association (ACA) accredited camp, we also must obtain this health information for our accreditation standards.

Thank you for helping us keep your camper safe and healthy during his/her time at Hope Shores!

CAMPER INFO

NAME: _____ Date of Birth: _____
Last First M.I.

Sex: M F Age:_____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

PARENT INFO

Parent(s):_____ Phone #: _____

Address: _____Work Phone #: _____

City: _____ State:_____ Zip:_____

Parental Employer: _____

Emergency Notification Name: _____Relationship:_____
(other than parent)

Address: _____Phone #: _____

(over)

MEDICAL INSURANCE

Medical Assistance ☐ Yes ☐ No Medical Assistance #:_____

Is health insurance carried through parental employer?

FATHER: ☐ Yes ☐ No MOTHER: ☐ Yes ☐ No

PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD (HOSPITALS PREFER THIS TO ANYTHING ELSE) – CARDS WILL NOT BE COPIED AT CHECK IN

Family Doctor: _____ Phone #:_____

Part II (To be filled out by Physician)

State law requires an immunization record giving dates indicating that the camper is fully protected from the included diseases. This form must be reviewed by a doctor within 90 days of admission to camp.

Name: _____ Sex: M F

Height:_____ Weight:_____ BP:_____ Pulse:_____

Review of Systems:

Skin & Nails _____ Abdomen_____ HEENT_____ Genitalia _____

Neck _____ Musculoskeleta_____ Cardiovascular_____ Neuro_____

Respiratory_____ Lymphatics _____

Restrictions (if any): _____

_____

Any evidence of contagious disease? Yes ☐ No ☐ If yes, please advise:_____

_____

Other:_____ Allergies: _____

_____

I have made the necessary tests to determine the health condition of this person and find him/her fit to participate in camp activities.

SIGNATURE OF PHYSICIAN _____ Date _____

Part III (To be filled in by parent or guardian)

Date of most recent immunization against:

Polio: _____ DPT: _____ MMR:_____ Hepatitis B:_____

Has the camper been exposed to any of the following recently:

❑Strep Throat ❑ Chicken Pox ❑ Tuberculosis ❑ Measles

(next)

Does the camper have difficulties with any of the following?

❑ Appendicitis	❑ Allergies	❑Asthma	❑Appendix Removal	❑Diabetes
❑Fainting	❑Heart trouble	❑Convulsions/Epilepsy	❑Kidney	❑ Nosebleeds
❑Sore throats	❑Colds	❑Headaches	❑Bed wetting	❑Constipation
❑Sleepwalking	❑Eating /foods			

Does the camper have any **drug or food** allergies? _____

Allergen Statement: Hope Shores cannot guarantee that any foods prepared on site are free from allergens (including dairy, eggs, soy, peanuts, tree nuts, wheat, and others) as we use shared equipment to store, prepare, and serve them. We can make accommodations for food sensitivities, but not severe allergies, due to the aforementioned reasons. If your camper has a severe food allergy, please make arrangements to send prepared food with your camper to camp. Contact Megan Moya at yonandmegan@hope-pc.org at least one week prior to camp to discuss dietary needs.

Has the camper or is the camper currently receiving professional treatment to address **mental/emotional**

health concerns? If so, describe. _____

What have we forgotten to ask? Please provide any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

_____

_____

MEDICATIONS

Hope Shores Bible Camp carries general over the counter medications in the infirmary, such as Tylenol, cold medicines, Benadryl etc. Please do not feel you need to send these with your child unless they are needed on a regular basis. It is required to send all prescription medications in their ORIGINAL container (with name, dose, frequency clearly written) in order to have our nurse safely administer them. The nurse collects all medications from the campers. They will be handed out as prescribed.

NAME of Medication (in original container)	DOSAGE	TIMES	REASON GIVEN

PARENT'S AUTHORIZATION

I hereby release Hope Presbyterian Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain at camp. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to an X-ray examination, medical or surgical diagnosis, treatment or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. **I permit the camp nurse to dispense the following medications if necessary: Sudafed, Benadryl, Tums, Ibuprofen, and Tylenol.**

Signature of Parent or Legal Guardian_____Date_____