

Kids Camp ~ June 11-June 15, 2018

Counselor Camp Health & Release

Church: \_\_\_\_\_

Cabin: \_\_\_\_\_  
Camp Use Only

## 2018 AZ CAMP HEALTH AND RELEASE RECORD

_____	_____	_____	_____	M	F
Last Name	First Name	Grade Entering	Birth Date	Sex	
_____			_____		
Home Address			Home Phone		
_____		_____	_____		
City		State	Zip		
_____		_____	_____		
Parent/Guardian 1		Birth Date	Cell Phone		
_____		_____	_____		
Parent/Guardian 2		Birth Date	Cell Phone		
_____		_____	_____		
_____			_____		
Physician's Name			Physician's Phone		

If Parent/Guardians are not available in an emergency, notify:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

_____	_____	_____
Insurance Company	Insurance #	Group #
<input type="checkbox"/> Copy of insurance card is attached	<input type="checkbox"/> Copy of immunization record is attached	

### MEDICAL INFORMATION

**IMPORTANT:** Please notify the Camp Director if this child has been exposed to any communicable diseases 3 weeks prior to coming to camp. Please state type of exposure:

**GENERAL HEALTH** Does child have/ever had problems with (provide details for questions answered "yes"):

	Yes	No		Yes	No		Yes	No
Recent illness or injury			Breathing/asthma			Vision		
Surgery			Heart			Ear		
Frequent headaches			Blood clotting			Nightmares		
Skin			Seizures			Bedwetting		
Fainting spells or dizziness			Walking/orthopedic			Sleepwalking		
Chronic/recurring illness/ condition (diabetes, cancer, etc)			Emotional/psychiatric			Stomach/bowel		
						Other		

ALLERGIES	Yes	No	Unknown	Anaphylactic	EpiPen Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hay fever					Give details, past reactions and usual treatment:
Bee stings					
Peanuts					
Medication					
Food allergies					
Other (latex, etc)					

**FOR FEMALE** Has she menstruated?  Yes  No If not, has she been told about it?  Yes  No

**NUTRITIONAL/DIETARY INFORMATION** please check all that apply:

- does not eat red meat   
 does not eat pork   
 does not eat eggs   
 does not eat dairy  
 other:

### MEDICATION

Will your child require medication while at camp?  Yes  No  Maybe

**Please bring all medications usually taken, in ORIGINAL containers, and enough for entire stay at camp (include an extra dose for accidental spills). Prescription bottle instructions MUST match information provided below.**

Medication	Dose	Times taken each day	Reason/Diagnosis	Special instructions

This section **GIVES** or **DOES NOT GIVE** permission for the Camp Nurse to provide your child OTC medicines while at Camp.

OTC Medication	Yes	No	Dose based on weight/age per pkg instructions	Other dosage instructions
Acetaminophen/Tylenol			<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen/Advil/Nuprin			<input type="checkbox"/>	<input type="checkbox"/>
Antacids			<input type="checkbox"/>	<input type="checkbox"/>
Antihistamine/allergy			<input type="checkbox"/>	<input type="checkbox"/>
Topical hydrocortisone			<input type="checkbox"/>	<input type="checkbox"/>
Ear and eye drops			<input type="checkbox"/>	<input type="checkbox"/>
Skin disinfectant/antiseptic			<input type="checkbox"/>	<input type="checkbox"/>
Topical antibiotic ointment			<input type="checkbox"/>	<input type="checkbox"/>
Sun screen			<input type="checkbox"/>	<input type="checkbox"/>
Sunburn treatment			<input type="checkbox"/>	<input type="checkbox"/>
Aloe vera			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

**PARENT/GUARDIAN PERMISSION FORM**

Anyone under the age of 18 must have this section complete.

My signature below indicates my permission for my child \_\_\_\_\_ to attend the District Summer Children's Camping Program at Camp Pinerock in Prescott, Arizona on June 11-June 15, 2018 with \_\_\_\_\_ Church of the Nazarene.  
(Local Church)

My signature below also indicates that I understand that some of the activities will take place off of the Campgrounds and I therefore give my permission for my student to be transported by the district or local leaders to such activities. I give permission for the camp to use my child's picture or video for publicity purposes.

\_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_ Date

**MEDICAL TREATMENT AUTHORIZATION**

In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedure (medical, dental, or surgical.), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.

**I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such injury.**

I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me. My signature indicates that I have read and approve the medical treatment authorization.

\_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_ Date

**LIABILITY RELEASE FORM**

I, \_\_\_\_\_, understand that every necessary precaution has been taken to ensure the safety of each camper, counselor, and staff. I release the Church of the Nazarene and any other sponsoring children's activities from legal suit, due to injuries that may occur during church related activities.

\_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_ Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_ Notary Public \_\_\_\_\_ Commission expires

**FORM MUST BE NOTARIZED**  
**PLEASE ATTACH A COPY OF MEDICAL INSURANCE CARD AND IMMUNIZATION RECORD**