



CAMP DISCOVERY ... A camp for kids
Friendly Hills Camp & Conference Center

CONSENT & HEALTH INFORMATION SHEET - PLEASE PRINT

Name _____ Address _____
 City _____ State _____ Zip _____ Age _____ Birth Date _____

In Case of Emergency, Notify:

Name: _____ Address _____
 City _____ State _____ Zip _____ Primary Phone ____/____-_____
 Relationship to camper _____ Secondary Phone ____/____-_____
 Family Physician _____ Phone ____/____-_____
 Other Instructions: _____

HEALTH HISTORY (Please use bottom of sheet if more space is needed)

Have or subject to: (check if yes)

Asthma Fainting spells Heart trouble Convulsions Diabetes
 Allergic or reaction to any medication, food, etc. Hyperactive
 Other - specify _____

Describe _____

Check here if none of the above applies. Last tetanus shot _____

Have difficulty with: (Check if yes) Eyes Ears Nose Throat Lungs Digestion

Is there a swimming or sport restriction? If yes please explain _____

Is there any restriction of activity for medical reasons? _____

Explain _____

Is there any condition now requiring medication? _____

Name of medication(s) _____

Will it/they be brought to camp? _____

ALL MEDICATION MUST BE GIVEN TO CAMP NURSE AT CHECK-IN!

Medications brought to camp should be in the container by which they were received from the doctor or pharmacy. If your camper is bringing medication to camp, PLEASE fill out dispensing information for ALL medications PRIOR to registration at camp:

NAME OF MEDICATION	DOSAGE	SPECIAL INSTRUCTIONS — if applicable
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



PARENT/GUARDIAN AUTHORIZATION

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and/or the physician. In the event I cannot be reached in case of an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or order injection or surgery for this child.

Signature of parent or guardian _____ date _____

Use this space for further information from the top of this sheet:

List any other information you feel could be useful to the camp nurse, or directors:

List other general information you feel could be helpful to the camp staff, such as bashful, outgoing or whatever:



PERMISSION, RELEASE AND HOLD HARMLESS/INDEMNIFICATION

I/We, _____ are the parent(s)/guardian(s) of _____ (child).
We hereby jointly and severally permit, and request the Friendly Hills Camp & Conference Center to permit, our child to participate in all activities sponsored by Friendly Hills Camp & Conference Center.

I/We, recognize the program requires the time, energy and supervision of members and volunteers of Friendly Hills Camp & Conference Center in order to be a success. After having fully considered the possibilities of harm and injury, I/we, as the parent (s)/guardian(s) of our child do accept the responsibility for any and all injury to our child as a result of his/her participating in the aforementioned activity which may occur during travel time, participation in activity, and any other time involved in the activity.

I/We certify that our child is in good health, free from physical disability which would make our child's participation in this activity inadvisable. I/We will advise the moderator of any information that I/we may acquire in the future which would render our child incapable for health or other reasons from full participation in this activity. By this permission form, I/we hereby expressly authorize the person in charge of the activity or their designee the authority to permit emergency medical treatment if it becomes necessary and I/we accept personal responsibility for the results and costs of such treatment.

This permission, release, hold harmless and indemnification is given so that Friendly Hills Camp & Conference Center will allow our child to become a participant in the aforementioned camp activities.

I/We hereby release, hold harmless and will indemnify Friendly Hills Camp & Conference Center, it's officers, directors, volunteers and moderators from all responsibility for claims of personal injury to our child which may occur as a result of participation in camp programs.

- I give permission for my child's picture to be taken and used for publicity about this camp.
- I do not give permission for my child's picture to be taken or used at or for this camp.

Dates: _____, 20_____

Parent or Guardian _____

Please attach a recent photograph of the child named on this form if possible.