

Please Complete and Return to:

office use only

Week Code:

Initial

His Hill Ranch Camp
P.O. Box 9
Comfort, TX 78013

Camper Medical and Release Form 2017

To be completed by parent or guardian, please print clearly, one camper per form

Name: _____ Birthday: _____ Age at Camp: _____ Weight: _____ Sex M F
Last First Middle initial
 Home Address: _____ City: _____ State: _____ Zip: _____
 Social Security Number: _____ Custodial Parent/Guardian: _____
 Home Phone: _____ Work: _____ Cell: _____
 Emergency Contact: _____ Phone: _____
Parent/Guardian's Insurance Carrier: _____ **Group #:** _____
 Phone Number: _____ Member I.D.: _____

<p>Health History-check if applicable</p> <table border="0"> <tr><td>_____ Asthma</td><td>_____ Wears Glasses</td></tr> <tr><td>_____ Ear Infections</td><td>_____ Wears Contacts</td></tr> <tr><td>_____ Heart Trouble</td><td>_____ Bed Wetting</td></tr> <tr><td>_____ Seizures</td><td>_____ Serious Injury</td></tr> <tr><td>_____ Diabetes</td><td>_____ Serious Illness</td></tr> <tr><td>_____ Measles</td><td>_____ Serious Headaches</td></tr> <tr><td>_____ Chicken Pox</td><td>_____ Fainting</td></tr> <tr><td>_____ Mumps</td><td>_____ GI Disturbance</td></tr> <tr><td>_____ Psychiatric Treatment</td><td>_____ Operations (list dates)</td></tr> <tr><td>_____ Eating Disorder</td><td>_____ Other (specify below)</td></tr> <tr><td>_____ Autism/Aspergers</td><td></td></tr> <tr><td>_____ Bleeding/Clotting Disorders</td><td></td></tr> </table> <p>Please add any additional information that may affect his/her stay at camp: _____ _____</p>	_____ Asthma	_____ Wears Glasses	_____ Ear Infections	_____ Wears Contacts	_____ Heart Trouble	_____ Bed Wetting	_____ Seizures	_____ Serious Injury	_____ Diabetes	_____ Serious Illness	_____ Measles	_____ Serious Headaches	_____ Chicken Pox	_____ Fainting	_____ Mumps	_____ GI Disturbance	_____ Psychiatric Treatment	_____ Operations (list dates)	_____ Eating Disorder	_____ Other (specify below)	_____ Autism/Aspergers		_____ Bleeding/Clotting Disorders		<p>Allergies-Specify, describe reaction and management</p> <p>_____ Insect Stings: _____ _____ Poison Ivy/Oak: _____ _____ Hay Fever: _____ _____ Foods(list): _____ _____ Medicines: _____</p> <p>Nutritional Restrictions: _____ _____ _____</p> <p>Activity Restrictions: _____ _____ _____</p>
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Medications to be taken routinely during camp:

Bring enough medication to last the entire time at camp. Over the counter and prescription medicine (including inhalers) must be in their original packaging/bottle. Prescription medicine must identify the prescribing physician, the name of the medicine, the dosage and the frequency of administration. Sample medication or any changes to the original prescription require a note written by the prescribing physician on their office letterhead.

This person takes NO Medication on a routine basis _____ This person takes medication as follows: _____

Med 1 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med 2 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med 3 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Attach additional pages for more medication.
 Identify any medications taken during the school year that camper does not take during the summer.

Name _____
Last First M.I.

Immunization History: Please list last booster date (month and year required)

DPT (Tetanus) _____ Polio _____ MMR _____ VAR _____

The camper is under the doctor's care for the following conditions: _____

Current Treatment: _____

Doctor's Name: _____ Phone Number: _____

Permission Allowing Medication/Treatment/Emergency Care

I understand that all medication must be in the container in which it was purchased, which identifies the medication, the dosage, and the time to be given. Prescription medication must include the camper's name and prescribing physician. I will obtain standing orders from the physician should the infirmary caregiver request more detailed instructions. I give my permission for the infirmary caregiver to administer the prescribed and over the counter medication allowed by the camp physician's standing orders (e.g. Tylenol, Sudafed, Chlortrimitin and Benadryl). All medication including inhalers, must be given to the infirmary caregiver during registration, to be stored throughout the camp stay. No medication can be administered without the completion of this form and signature of parent or guardian.

I hereby give permission to the medical personnel selected by His Hill to order X-rays, routine tests, and treatments, to release any records necessary for insurance purposes; and to provide necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by His Hill to secure and administer treatment, including hospitalization for my child. This completed form may be photocopied for trips out of camp.

I authorize any physician, nurse, or other health care provider, to communicate with the camp medical staff and the camp director of His Hill Ranch Camp, or his/her designee about my child's medical condition, treatment and/or prognosis. I further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, and the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child. These authorizations are limited to the summer of 2017.

Signature of parent if camper is under 18

Date

Permission to Participate in Activities

My child has permission to attend His Hill Ranch Camp Summer 2017 and to participate in all activities, including but not limited to, swimming in the pool and river, low elements, tower and tower related activities, horseback riding, and equine activities. **WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

I understand that as a participant, my child may be photographed, or videotaped during normal His Hill activities and these photos/videos may be used in promotional materials. I hereby release His Hill Ranch Camp, Torchbearers His Hill, Torchbearers USA and its Directors/Owners, employees, and volunteers from any and all liability due to injury, etc., and realize that the camp activities in which my child will be participating involve a high degree of physical exertion and activity.

I understand that His Hill cannot be responsible for lost or broken items and that unclaimed items will be donated to charity after two weeks of the end of my camper's session. I understand, and will comply with all cabin mate policies and procedures and with all cancellation policies and procedures. I have had sufficient opportunity to read this entire document. I have read and understood the above information and agree to be bound by its terms.

Parent/Guardian: _____

Date: _____