

HEALTH STATEMENT FORM

INSTRUCTIONS: Complete this form (*Health Statement & Release of Liability*) and submit at registration. If bringing any medications (*prescription or not*) to a 3 night (*or longer*) stay, make an extra copy of the completed *Health Statement Form* to place in a large zip-lock along with all medications to turn in at registration. Print legibly in dark ink. These forms are mandatory for attendance/participation.

LEGAL NOTICE: All adults (*18 and older*) attending a youth or children's camp (*duration of 3 or more nights*) must have a Criminal Background Check and Sex Offender Background Check performed prior to arrival on camp. Results must be presented on arrival. In addition, all adults having any contact with minors at camp must pass an approved Child Protection Training program and exam on recognizing and preventing child abuse. Results of this training/testing must be presented upon arrival.

PARTICIPANT GENERAL HEALTH INFORMATION

Guest Name: _____ Birthdate: ____/____/____ Gender: _____

Church/Group Attending with: _____

Date of Attendance: ____/____/____ to ____/____/____

Emergency Contact: _____ Relation to Participant: _____

Emergency Contact Home Phone: _____ Cell Phone: _____ Work Phone: _____

List any health concern/issue that would be relevant to an attending physician in the case of an emergency: _____

List any chronic or reoccurring illnesses or diseases: _____

List any food, medicine, insect, plant or any other significant allergies: _____

List any pre-existing injuries which occurred BEFORE attending camp: _____

Write a general assessment of the participants health: _____

Please check all current immunizations for the participant. *It is requested that you attach a current shot record.*

Diphtheria/Tetanus/Pertussis Date of last tetanus shot: ____/____/____ D Polio D Measles/Mumps/Rubella D Tuberculosis D Other: _____

I have chosen to not have my child immunized: (*Parent/Guardian Signature*) _____

PARTICIPANT INSURANCE INFORMATION

Insured Member's Name: _____ Member ID: _____

Health Insurance Provider: _____ Group ID: _____

Health Insurance Provider Phone Number(s): _____

Primary Care Physician: _____ Phone: _____

It is requested that you attach a photocopy of your current Health/Accident Insurance Card.

MEDICAL POLICY AND INSTRUCTIONS FOR CAMP ATTENDANCE

1. All medications (Rx or over-the-counter) must be labeled with patients name and in original container. Check expiration dates. No expired medications will be given.
2. All prescription and non-prescription medications must be presented to the camp health personnel upon arrival to camp.
3. All medications must be stored and dispensed from the camp health station (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
4. Diabetics must bring a copy of their Diabetes Management Plan.
5. Non-prescription medications, such as vitamin supplements or pain relievers, will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
6. EpiPens or emergency inhalers *may* be kept with the camper (please send an extra one to be kept in the health station). Camp health personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not completely relieved the camper must be brought to the health center for evaluation.
7. List any medical problem, medical alert, allergy, or other relevant health concern/issue under '*Participant General Health Information.*'

MEDICATION DOSAGE AND FREQUENCY CHART

INSTRUCTIONS: List all medications, dosage and frequency on the chart below. Print an extra copy of this chart to add additional medications. Place all medications *and an extra copy of this page* in a large zip-lock with the participants name and church/group written in permanent marker on the outside of the bag.

Name of Medication	Dosage	Frequency/ Time(s)	Comments
1)			
2)			
3)			
4)			

By signing below, I acknowledge that the information listed on this form is correct and current and that the above named participant is physically capable to be present on camp and participate in any and all camp activities.

Date: ____/____/____

Participant Signature _____ Parent/Legal Guardian Signature (*if participant is under 18*)

