



<i>Office Use Only</i> Cabin/Room: _____ Week #: _____
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## Camp Caraway Health History for Parent-Child Retreats 2019 (CHILD)

This form is to be filled out and signed by the custodial parent or guardian.  
Participants **WILL NOT BE ALLOWED TO STAY WITHOUT A SIGNED FORM.**

**DO NOT MAIL FORM BACK – BRING TO CAMP**

**Child's Name** \_\_\_\_\_ Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_  
last first middle

Home address \_\_\_\_\_  
Street address City State Zip

Custodial parent/guardian \_\_\_\_\_ Email Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home address \_\_\_\_\_  
(if different from above) Street address City State Zip

Second parent/guardian/contact \_\_\_\_\_ Email Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance?  yes  no Name of insured \_\_\_\_\_

Carrier or plan name \_\_\_\_\_ Carrier phone # \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_ Payor ID # \_\_\_\_\_

### IMPORTANT – This box must be complete for attendance

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### HEALTH HISTORY

Allergies List all known.

Describe reaction and management of the reaction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent Health History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications

\_\_\_\_\_  
\_\_\_\_\_



<i>Office Use Only</i> UNIT/CABIN _____ Week # _____
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## C amp Caraway Health History for Parent-Child Retreats 2019 (ADULT)

This form is to be filled out and signed by the custodial parent or guardian for attendance in any of our parent child retreats.

Participants **WILL NOT BE ALLOWED TO STAY WITHOUT A SIGNED FORM.**

**DO NOT MAIL FORM BACK – BRING TO CAMP**

**Adult's Name** \_\_\_\_\_ Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_  
last first middle

**Home address** \_\_\_\_\_  
Street address City State Zip

**Emergency Contact Name:** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

### INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance?  yes  no Name of insured \_\_\_\_\_  
Carrier or plan name \_\_\_\_\_ Carrier phone # \_\_\_\_\_  
Group # \_\_\_\_\_ ID # \_\_\_\_\_ Payor ID # \_\_\_\_\_

### IMPORTANT – This box must be complete for attendance

Adult Participant Authorizations: This health history is correct and complete as far as I know. By signing this I state that I am a willing participant. I hereby give permission to the camp to seek emergency treatment for me. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. If I am unresponsive in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of participant \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### HEALTH HISTORY

Allergies List all known.

Describe reaction and management of the reaction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent Health History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications

\_\_\_\_\_  
\_\_\_\_\_



## Caraway's Parent Child Retreats Waiver Form 2019

Dates of Camp \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Participant's Printed Name(s) \_\_\_\_\_

**(Parents, please read these statements to your child or youth to be sure there is an understanding of what is expected. Your signature indicates that you and your child or youth agrees with these statements. This signed form is required to participate at camp. If related, the adult and child may both use this same form.)**

### Agreement to Participate

I understand the program goals and theme of the camp which I will attend and agree to participate in the programs and activities to the best of my ability. I agree and hereby state that I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate, and after due consideration of my own physical health, physical abilities and medical conditions. I have informed the Camp Director, and/or medical personnel of any medical conditions I may have. I further state that in choosing to participate I am not under the influence of any chemical substances including alcohol.

### Liability Release

I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assign all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the programs and hereby agree to hold Caraway Conference Center & Camp and The Baptist State Convention of NC, its employees, its instructors, facilitators, board members and agents harmless for any liability arising out of my participation in the programs. I have read, or have had read to me, and agree with all information regarding the event my camper is attending at Camp Caraway, including policies, procedures, limitations, and possibilities, and have discussed these with my camper as named above. My camper, as named above, has permission to participate fully in all camp activities. (List any exceptions below.)

### Photography of Campers

Photography/video may be taken of participants as they participate in the Baptist State Convention of NC ministries. These photographs will be used for promotion of these ministries through brochures, web pages, social media, video, and special mailings. At no time will the full names of participants be used in any of these promotions. Your signature gives us permission to use photographs/videos taken at camp for use in promotion of Baptist State Convention ministries. (List exceptions below.)

### Parent-Guardian Signature

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

List any Exceptions Here: \_\_\_\_\_

***This form must be completed and signed and must accompany a health history form to participate in camp programs. Please bring it to check in on the first day of your retreat.***