

## CAMP CALVIN HEALTH & AUTHORIZATION FORM - 2018

This form **MUST BE DUPLEX PRINTED - FRONT AND BACK ON ONE SHEET OF PAPER**, must be completed by a parent/guardian, and must be received by June 1 (late fee of \$25 if received after June 1)

Camper Name: _____		Sex: M / F	Race: _____
Age: _____	Date of Birth: _____	Church: _____	
Home Address: _____		City: _____	State: _____ Zip: _____
Parent/Guardian: _____		Phone: (     ) _____	Cell: (     ) _____
Emergency Contact Person: (other than parent/guardian)		Phone: (     ) _____	Cell: (     ) _____
Emergency Contact Person's Address: _____			

Health Insurance:  YES  NO Policy in name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Do you have any health concerns for the camper while at camp?  YES  NO If yes, please explain:

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Will the camper require any dietary modifications while at camp?  YES  NO If yes, please explain:

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If needed, Camp Calvin nursing staff will provide the following over-the-counter medications to your camper. Please check any medications that we do **NOT have your permission** to give your child:

Tylenol (Acetaminophen)     Advil (Ibuprofen)     Benadryl     Claritin     Tums     Anti-itch Creams     Eye Drops

**The camp nurse has these and some other common over the counter medications for common ailments (headache, diarrhea, cough or colds). Please do not send these to camp. For safety reasons and by state regulation, any other medications the camper takes must be inventoried, held, and distributed by the camp nurse. Campers may not keep any medications (including inhalers) in their cabins. All medications must be in their *original* packaging or prescription bottle labeled exactly as it is to be given. If the camper takes the medication differently than the prescription on the bottle, it must be accompanied by a written physician prescription form.**

Is the camper taking any prescription and/or over the counter medication **on a daily basis**? Please list in the table below.

<i>Medications Needed or Used</i>	<i>Frequency &amp; Times</i>	<i>Dosage</i>

**IMPORTANT: Please notify Camp if camper is exposed to any communicable disease during the 3 weeks prior to camp.**

HEALTH HISTORY		Approx. Dates
Frequent Ear Infections	Y / N	
Heart Defect/Disease	Y / N	
Seizures	Y / N	
Diabetes	Y / N	
Bleeding/Clotting Disorders	Y / N	
Hypertension	Y / N	
Mononucleosis	Y / N	
Chicken Pox	Y / N	
Measles	Y / N	
German Measles	Y / N	
Mumps	Y / N	
ALLERGIES		Date of Last Reaction
Ivy Poisoning, etc.	Y / N	
Insect Sting	Y / N	
Penicillin, or other drugs	Y / N	
Hay Fever	Y / N	
Asthma	Y / N	
Other	Y / N	

Operations or serious injuries (include dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disability of chronic or recurring illness:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any other special conditions such as bed-wetting, fainting, sleep walking, etc. which the camp staff should be aware of? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Dentist/Orthodontist:	Phone: (    )
Name of Family Physician:	Phone: (    )
Name of Current Pharmacy for Prescriptions:	Phone: (    )

**PARENT'S AUTHORIZATION:** This health report is correct to the best of my knowledge, and the person herein described has permission to engage in all activities, except as noted by me. In the event I cannot be reached in an **emergency**, I hereby give my permission to the physician selected by the Camp Calvin Staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. I hereby give my permission for Camp Calvin staff to administer prescribed scheduled medication and over-the-counter medication as listed on this form. I hereby give my permission to Camp Calvin staff to take photos and/or video of my child for use in online, printed, or digital promotional materials for Camp Calvin.

**HOLD HARMLESS AGREEMENT:**

Camp Calvin is a Christian Camp held for our children. Many activities occur and are all under the supervision of our volunteer staff, as well as Camp Whitcomb/Mason and staff. As with all camps, however, injury and/or illness can occur. I, as a parent or guardian, assume all liability for the action and conduct of my child during Camp Calvin. I agree to release Camp Calvin and staff, as well as Camp Whitcomb/Mason from all liability in the event of an injury, illness, or death. I have read and understand the possible risks listed above. In return for permitting my child to attend Camp Calvin, I hereby indemnify and release Camp Calvin and/or Camp Whitcomb/Mason for any damages which may arise from any such claim, demand, action, or cause of action, except as specifically allowed by law.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

To e-mail us with questions regarding the Health & Authorization Form, please visit our Contact Us page at [www.CampCalvin.com](http://www.CampCalvin.com).

**Please review this form to ensure that it is complete before mailing. We will only accept forms that have been duplex printed (front and back on ONE sheet of paper). A \$25 Late Payment & Health Form Fee will be charged for all payments and Health & Authorization Forms received after June 1.**

My form is DUPLEX printed.     This form is ENTIRELY completed and SIGNED.     If after June 1, I have included the \$25 late fee.

Mail completed Health & Authorization Form by June 1 to:

**Kari Hogfeldt**  
**224 Hidden Bluff Road**  
**Cedar Grove, WI 53013**