



Camp Forest Springs

2012 Youth Camp Health Form and Activity Waiver

All campers must have this form signed by a parent or legal guardian and presented at registration

_____ / _____ / _____ _____ Male Female
 Last Name First Name Initial Birth Date Age

 Parent / Guardian Name

_____ _____ _____ _____
 Address City State Zip + 4

(_____) (_____)
 Home Phone # Other Phone # Cell Work

Health History:

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
Ear Aches	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	Special Diet	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Aches	<input type="checkbox"/>	<input type="checkbox"/>

Allergic To:

	Yes	No		Yes	No
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>

Foods: _____ Other Drugs: _____

Date of Last Tetanus Booster: ____/____/____

Please list any medication your child is on: _____

Liability Release:

I hereby certify that _____, named above, is in good health, free from and not exposed to communicable diseases within the last three weeks prior to camp, and is able to participate in all the camp activities unless otherwise noted. In order to participate in camp activities, I agree and acknowledge that: there is risk of injury, including a potential for permanent disability or death from any participation in the camp activities or from the equipment involved in participation in such activities. I, on behalf of the above named, freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation. The above named agrees to read and understand any posted or verbal instructions, including all safety related rules, and agrees to fully comply with the rules and safety regulations during their participation. I hereby give permission to the trained medical staff selected by the camp administration to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery. I also agree not to obligate Camp Forest Springs to pay any medical bills related to treatment. I understand that participation in this camp and its' related activities can expose the named individual to dangers both from known and unanticipated risks. I hereby release and hold harmless Camp Forest Springs, its officers, agents, and employees from any and all claims and liability for personal injury or property damage. I acknowledge, understand, and agree that I have read this release of liability and assume all risk associated with participating in the camp activities, unless otherwise noted, and that I sign this release of liability voluntarily and without inducement.

X _____
 Parent's / Guardian's Signature

_____ / _____ / _____
 Date

OVER →

Emergency Contact Person

(In case we are unable to reach you):

Last Name

First Name

Initial

Address

City

State

Zip + 4

(_____) _____

Home Phone #

(_____) _____

Other Phone #

Cell

Work

Relationship to Camper: _____

Your insurance Information:

Health Insurance Company

Insurance Company Address

_____ / _____ / _____

Insurance Policy #

Expiration Date

Check the box of any activities you DO NOT wish your child to participate in:

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Paintball | <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> High Ropes Course | <input type="checkbox"/> Mountain Boarding |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Swimming | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Air Rifles |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Other _____ | | |

Please Note:

State regulations require that all prescription medications brought to camp **MUST** include signed, written instructions from the prescribing physician. If medications are needed during the camp week, please be sure to have the prescribing physician complete the Physician's Authorization Form. Medications CANNOT be dispensed without this authorization.

All medications brought to camp must be in original containers. CFS staff will not dispense any medications not in original containers.

Please Indicate name of medication, dosage frequency, time to be given, and other instructions on the Physician's Authorization Form.