



Family Camp Guest Release Form

Family Campers: We understand that you will be bringing a guest, under age 18, with you who is not a member of your immediate family. Please have this health/release form completed and signed by the child's PARENT or GUARDIAN. Bring this form with you on registration day.

Parents: I hereby grant permission for my child named on the reverse side to attend family camp with and be under the responsibility of:

First and last name of family campers attending

I also give said adult(s) my permission to authorize first aid and/or emergency medical treatment as may be necessary.

I hereby certify that my child is in good health, free from and not exposed to communicable diseases within the last three weeks prior to camp time, and is able to participate in all camp activities.

IN CASE OF MEDICAL and/or SURGICAL EMERGENCY or other necessary medical attention, I hereby give permission to the trained medical staff selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for my child as named above. I agree not to obligate Camp Forest Springs to pay medical bills related to treatment.

_____/_____/_____
Parent's/Guardian's Signature

Date

Please complete the health history on the backside of this form.

Over



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_____/_____/_____
Parent's/Guardian's Signature

Date

Please complete the health history on the backside of this form.

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Camper Health history

All family camp guest campers must have this side completed by a legal PARENT or GUARDIAN.

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

Parent/Guardian _____

Address _____

City _____ State _____ Zip + 4 _____
 (____) _____ (____) _____
 Day Phone # _____ Alternate Phone # _____

Health Insurance Company _____

Insurance Company Address _____

Insurance Policy # _____ Expiration Date _____

Health History

YES	NO		YES	NO	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Special Diet	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Stomachaches	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	Earaches	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	<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 _____/_____/____					

List any activity restrictions and/or medication your child is on:

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

- Paintball
- High Ropes Course
- Mountain Biking
- Climbing Wall
- Mountain Boarding
- Other _____
- Boating
- Swimming

Over

Camper Health history

All family camp guest campers must have this side completed by a legal PARENT or GUARDIAN.

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

Parent/Guardian _____

Address _____

City _____ State _____ Zip + 4 _____
 (____) _____ (____) _____
 Day Phone # _____ Alternate Phone # _____

Health Insurance Company _____

Insurance Company Address _____

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 _____ / _____ / _____ Male Female
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Parent/Guardian _____

Address _____

City _____ State _____ Zip + 4 _____
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 Day Phone # _____ Alternate Phone # _____

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