

Hartland Christian Camp – Medical Form

Phone: (559) 337-2349 FAX: (559) 337-2251 Online: www.hartlandcamp.com

For Office Use Only:

Allergies Med Conditions Rx's/Restrictions

Allergies:

Camper's Name _____ Age _____ M/F Birth Date ____/____/____
Please PRINT Last Name First

Address: _____
Street City State Zip

Phone: (____) _____ (____) _____ (____) _____
Home Work Pager/Cell

In Case of Emergency, notify: _____ Phone: (____) _____
Relationship to Camper

Family Doctor(s): _____ Dr.'s Phone: (____) _____

Church/Group: _____ Camp Dates ____/____/____ - ____/____/____

T-SHIRT SIZE Youth Sizes M L Adult Sizes S M L XL XXL

HEALTH HISTORY—CONFIDENTIAL

- | | | |
|--|--|--|
| <input type="checkbox"/> Last Tetanus Shot ____/____ | <input type="checkbox"/> Allergies: Drugs/Insect Stings/Food | <input type="checkbox"/> Asthma: Nebulizer? Y/N |
| <input type="checkbox"/> Swimming Restrictions? Y/N | <input type="checkbox"/> Diabetes: Insulin Dependent? Y/N | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Nervous/Mental Disorder |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Other (please specify) _____ | |

Please describe any condition listed above in the space provided. Prescription medications in original labeled containers must be checked by the Nurse/First Aid Provider at camp check-in. **Note:** Hartland can only administer medication with written parental permission and specific instructions written below or on reverse of this form.

<i>Medication(s) Name (Use Reverse Side if Needed)</i>	<i>Dose(s)</i>	<i>Times</i>
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Campers' primary medical insurance carrier will be billed for any medical charges for illness or injury serious enough to be treated in an offsite clinic or hospital. Hartland Christian Camp's insurance is always secondary insurance. **Please complete information below and attach a copy of both sides of any insurance cards:**

Primary Insured's Name: _____ Policy No. _____

Insurance Company: _____ Group No. _____

AGREEMENT TO MEDIATE / ARBITRATE & MEDICAL RELEASE

- In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Hartland Christian Camp to hospitalize, to secure proper treatment for and / or order an injection, anesthesia, or surgery for my child as deemed necessary.
- By this Agreement, I authorize Hartland staff/agent to administer First Aid (including over-the-counter medicines) as required for illness and injury. The signature of the parent or guardian below is intended to serve as a medical release.
- As parent or guardian of the above-named camper, I hereby agree to allow him/her to participate in all activities that occur at Hartland Christian Camp. I realize that unanticipated and unexpected dangers may arise during and associated with the camp activities. I voluntarily agree to accept any and all risks of injury arising from the camp activities.
- Any controversy between the parties regarding a claim against Hartland Christian Camp shall be settled by mediation, or if necessary, legally binding arbitration in accordance with the *Rules of Procedures of the Center for Conflict Resolution, a Christian Conciliation Service*. The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and/or activities engaged in at Hartland Christian Camp. The parties expressly agree to waive their right to file a lawsuit against one another in any civil court for such disputes except to enforce an arbitration decision. Each party agrees to pay their own attorney fees and to evenly share in mediation or arbitration costs or fees.
- I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and medical release. I am signing it of my own free will.

_____ Date: ____/____/____
Parent or Guardian's Signature (those 18 years or older may sign for themselves)

_____ *Relationship to Camper*

Use of Personal Information/Photos:

Hartland Christian Camp reserves the right to include picture, videos, or other likenesses of you or your child in its promotional materials.
 Check here if you do not want to be included on Hartland Christian Camp's mailing list.

Please complete and return to your church camp registrar or bring to camp.