Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Kids Camp ~ June 14-18, 2021

|  |
| --- |
| Cabin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Camp Use Only |

 Counselor Camp Health & Release

# 2021 AZ CAMP HEALTH AND RELEASE RECORD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

Last Name First Name Grade Entering Birth Date Sex

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

Home Address Home Phone

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

City State Zip

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

Parent/Guardian 1 Birth Date Cell Phone

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

Parent/Guardian 2 Birth Date Cell Phone

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

Physician’s Name Physician’s Phone

If Parent/Guardians are not available in an emergency, notify:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Insurance Company Insurance # Group #

 Copy of insurance card is attached  Copy of immunization record is attached

## MEDICAL INFORMATION

**IMPORTANT:** Please notify the Camp Director if this child has been exposed to any communicable diseases 3 weeks prior to coming to camp. Please state type of exposure:

**GENERAL HEALTH** Does child have/ever had problems with (provide details for questions answered “yes”):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Yes** | **No** | |  |  | | **Yes** | **No** |  |  | **Yes** | **No** | |
| Recent illness or injury | | | |  |  | | Breathing/asthma | |  |  | Vision |  |  | |
| Surgery | | | |  |  | | Heart | |  |  | Ear |  |  | |
| Frequent headaches    Skin | | | |  |  | | Blood clotting    Seizures | |  |  | Nightmares    Bedwetting |  |  | |
| Fainting spells or dizziness | | | |  |  | | Walking/orthopedic | |  |  | Sleepwalking |  |  | |
| Chronic/recurring illness/ | | | |  |  | | Emotional/psychiatric | |  |  | Stomach/bowel |  |  | |
| condition (diabetes, cancer, etc | | | |  |  | |  | |  |  | Other |  |  | |
|  |  |  | |
| **ALLERGIES** | | **Yes** | **No** | **Unknown** | | | **Anaphylactic** | | | **EpiPen Required?**  **Yes**  **No** | | | | | | |
| Hay fever | |  |  |  | | |  | | | Give details, past reactions and usual treatment: | | | | | | |
| Bee stings | |  |  |  | | |  | | |
| Peanuts | |  |  |  | | |  | | |
| Medication | |  |  |  | | |  | | |
| Food allergies | |  |  |  | | |  | | |
| Other (latex, etc) | |  |  |  | | |  | | |

**FOR FEMALE** Has she menstruated?  Yes  No If not, has she been told about it?  Yes  No

**NUTRITIONAL/DIETARY INFORMATION** please check all that apply:

* does not eat red meat  does not eat pork  does not eat eggs  does not eat dairy
* other:

## MEDICATION

Will your child require medication while at camp?  Yes  No  Maybe

**Please bring all medications usually taken, in ORIGINAL containers, and enough for entire stay at camp (include an extra dose for accidental spills). Prescription bottle instructions MUST match information provided below.**

Medication

Dose

Times taken

Reason/Diagnosis

Special instructions

each day

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This section **GIVES** or **DOES NOT GIVE** permission for the Camp Nurse to provide your child OTC medicines while at Camp.    **Dose based on** | | | | |
| **OTC Medication** | **Yes** | **No** | **weight/age per pkg instructions** | **Other dosage instructions** |
| Acetaminophen/Tylenol |  |  |  |  |
| Ibuprofen/Advil/Nuprin |  |  |  |  |
| Antacids |  |  |  |  |
| Antihistamine/allergy |  |  |  |  |
| Topical hydrocortisone |  |  |  |  |
| Ear and eye drops |  |  |  |  |
| Skin disinfectant/antiseptic |  |  |  |  |
| Topical antibiotic ointment |  |  |  |  |
| Sun screen |  |  |  |  |
| Sunburn treatment |  |  |  |  |
| Aloe vera |  |  |  |  |
| Other |  |  |  |  |

### PARENT/GUARDIAN PERMISSION FORM

Anyone under the age of 18 must have this section complete.

My signature below indicates my permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the

District Summer Children’s Camping Program at Camp Pinerock in Prescott, Arizona on June 10-14, 2019 with

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Church of the Nazarene.

(Local Church)

My signature below also indicates that I understand that some of the activities will take place off of the

Campgrounds and I therefore give my permission for my student to be transported by the district or local leaders to such activities. I give permission for the camp to use my child’s picture or video for publicity purposes.

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

Signature of Parent or Legal Guardian Date

### MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedure (medical, dental, or surgical.), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.  **I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such injury.**

I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me. My signature indicates that I have read and approve the medical treatment authorization.

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

Signature of Parent or Legal Guardian Date

### LIABILITY RELEASE FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that every necessary precaution has been taken to ensure the safety of each camper, counselor, and staff. I release the Church of the Nazarene and any other sponsoring children’s activities from legal suit, due to injuries that may occur during church related activities.

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

Signature of Parent or Legal Guardian Date

Subscribed and sworn to me this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020

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

Notary Public Commission expires

#### FORM MUST BE NOTARIZED PLEASE ATTACH A COPY OF MEDICAL INSURANCE CARD AND IMMUNIZATION RECORD