

RETREAT YOUTH HEALTH INFORMATION/ PARENTAL RELEASE FORM

Name of Camper _____ Birthdate _____ Male Female

Parent/Guardian _____ Home Phone (____) _____ - _____

Address _____ Work Phone (____) _____ - _____

City, State & Zip _____

Church _____ City _____ Phone _____

If parent/guardian is not available, emergency contact is...

Name _____ Relationship _____ Phone (____) _____ - _____

Health Insurance

Company _____ Policy No _____ Phone _____

Health Care Provider

Name _____ City _____ Phone _____

HEALTH HISTORY (completed by parent/guardian)

1. Check if camper been subject to medical treatment for any of the following:

Diabetes Ear Trouble Seizures Allergies Poison Ivy Throat or Sinus Asthma Behavior Bee Sting

Please explain above: _____

2. Dates of immunizations:

Tetanus DPT _____ Polio _____ Mumps _____ Measles _____

3. Check if camper is allergic to the following, please describe reaction:

Penicillin _____

Other Drugs _____

Bee Stings _____

Foods _____

Other _____

4. Current medications: Give name, dose, schedule (medication must be brought in original labeled prescription bottle)

5. Please explain conditions requiring medication or other condition requiring special care: _____

6. Is the camper subject to homesickness? If yes, provide suggestions on how to deal with it: _____

7. List any special dietary needs: _____

8. Please indicate any restrictions on physical activities or any concerns you may have regarding your child's stay at camp:

PARENTAL AUTHORIZATION – MUST BE SIGNED BY PARENT/ GUARDIAN IF CAMPER IS UNDER THE AGE OF 18!

My child has permission to take part in all camp activities including offsite activities under supervision and I agree that the camp, or its personnel, will not be held responsible for accidents or personal injury arising therefrom. Camp Onomia has permission to use photos my child may be in for camp promotional purposes. In the case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of the camper. In the event I cannot be reached I hereby give permission to the medical examiner selected by the Onomia staff to hospitalize, to secure proper treatment for, to order an injection, anesthesia, or surgery for my child as named on this form. I understand that Camp Onomia does not provide medical insurance. I agree to pick up my child upon notice due to disruptive behavior and will pay for any damages caused by my child attending this retreat.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PROGRAM NAME _____ DATE: _____