

PILGRIM POINT

camps & retreats,

A Ministry of the MN Conference United Church of Christ

Health & Medical Release Form

(Complete one form per camper—BOTH sides—Must be submitted 3 weeks before camper's arrival)

Camper Name _____ M ___ F ___ Birthdate ___/___/___ Grade exiting _____

Address _____ City _____ Zip _____ Church _____

Parent's name _____ Phone _____ Email _____

Parent's name _____ Phone _____ Email _____

Camper email _____ Week 1 (July 20-25) or Week 2 (July 27-Aug 1) _____

EMERGENCY INFORMATION

Alternative persons to be called in case of an emergency:

Name _____ Phone _____ Relationship _____

CHILD RELEASE INFORMATION

List others, beside parents, AUTHORIZED to pick up child

Name _____ Phone _____ Relationship _____

INFORMATION REQUIRED BY STATE LAW

Health Ins Co. _____

Policy # _____

Family Physician _____

Phone _____

VACCINES (approximate date immunized)

DPT _____ Measles _____

Tetanus _____ Mumps _____

Oral Polio _____ Rubella _____

MEDICAL INFORMATION PAST OR PRESENT (please check)

Asthma _____ Yes _____ No _____

Heart Defect/Disease _____ Yes _____ No _____

Recent Hospitalization _____ Yes _____ No _____

Currently under Dr. care _____ Yes _____ No _____

Seizures _____ Yes _____ No _____

Diabetes _____ Yes _____ No _____

ADD/ADHD _____ Yes _____ No _____

Head Lice (recent) _____ Yes _____ No _____

Bed-wetting _____ Yes _____ No _____

Sleepwalking _____ Yes _____ No _____

Tuberculosis _____ Yes _____ No _____

Chicken Pox _____ Yes _____ No _____

Measles _____ Yes _____ No _____

German Measles _____ Yes _____ No _____

Other Diseases/Conditions _____ Yes _____ No _____

For each X Yes, please explain: _____

ALLERGIES (please check)

Hay Fever _____ Yes _____ No _____

Oak/Ivy Poisoning _____ Yes _____ No _____

Foods _____ Yes _____ No _____

Bee Stings _____ Yes _____ No _____

Bringing Bee Sting Kit? _____ Yes _____ No _____

Other insects or animals _____ Yes _____ No _____

Penicillin _____ Yes _____ No _____

Other Drugs _____ Yes _____ No _____

Other Allergies _____ Yes _____ No _____

Please list any other allergies, including food allergies: _____

Current Medications to be continued at camp (dosage/frequency): _____

Dietary Restrictions _____ Yes _____ No _____

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? _____ Yes _____ No _____

If yes, please explain: _____

NON-PRESCRIPTION MEDICATIONS (I AUTHORIZE THE FOLLOWING MEDICATIONS TO BE ADMINISTERED AS NEEDED)

Tylenol _____ Yes _____ No _____ Bernadryl _____ Yes _____ No _____ Pepto Bismol _____ Yes _____ No _____ Neosporin _____ Yes _____ No _____

Chloraseptic _____ Yes _____ No _____ Cough Drops _____ Yes _____ No _____ Ibuprofen _____ Yes _____ No _____ Calamine Lotion _____ Yes _____ No _____

Note: These items will be provided by PPC and only administered if parent/guardian has given approval.

Camper's Name: Last _____

First _____

Camp: _____

Suggested : Health Examination by Licensed Physician

ALL CAMPERS ARE SUGGESTED TO HAVE WRITTEN CONFIRMATION OF A HEALTH EXAMINATION WITHIN 24 MONTHS OF ATTENDING PPC.

I have examined the child named on this form within the past two years. Date Examined: ____/____/____

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

The applicant is under the care of a physician for the following condition/s: _____

The following activities should be limited by physician's advice: _____

The following activities should be encouraged by physician's advice: _____

The following treatment or medications to be continued at camp (please give specific dosages): _____

Additional health information: _____

Licensed Physician Signature: _____ Date: _____

Address: _____ Phone: _____

Date of Form Completion: _____ By: _____

PARENT'S AUTHORIZATION

This health history is correct, so far as I know, and the person/camper herein has permission to engage in all prescribed program activities. I give permission to the physician selected by Pilgrim Point Camp (PPC) to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by PPC to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named here. We recognize that the participant must follow safety instructions, remain in areas designed by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. Photos or video of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize PPC staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature _____ Date _____

MEMO OF UNDERSTANDING (To be read, understood and signed by Camper and Parent)

We welcome you to Pilgrim Point Camp summer program. In order to provide the best possible camp experience for every camper and leader, there are certain rules and policies that have been established for the health and safety of all involved.

1. The camper agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Campers are not allowed to use tobacco, possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept under the control of the Health Officer.
4. Campers are not to possess or use firecrackers or explosives, nor possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper's parent.
6. Campers may not leave camp property or established boundaries without PPCR staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, bullying, and sexual harassment/intimidation may result in IMMEDIATE DISMISSAL FROM CAMP WITH NO REFUND.
8. Pilgrim Point Camp is not responsible for articles of clothing or personal belongings lost or damaged.

We reserve the right and WILL send ANYONE home (at parent's expense and liability) who violates these rules. PPC staff reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper. I have read, understood and will abide by the rules as stated above throughout my stay at camp. Signed:

Camper _____ Parent/Guardian _____ Date _____