



# 2018 SAM DAVIS CHRISTIAN YOUTH CAMP REGISTRATION

(For ADULTS age 18 and older) \* jr.counselors, counselors, staff

TEXAS CAMP - JULY 8-13, 2018 - Clifton, TX

**Return to: SAM DAVIS CHRISTIAN YOUTH CAMP, POB 589, DECATUR, TX 76234**

**staff@sdccyc.org \* www.samdavischristian.org**

When your registration has been received and processed, you will receive a confirmation e - mail with details regarding camp facilities and scheduled activities, check-in times, what to bring, etc.

Jr. Counselor (18-20) \_\_\_\_\_ or Counselor/Staff (21 and over)\_\_\_\_\_

Please provide SSN for criminal background check:

\_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First M.I. LAST

Address: \_\_\_\_\_  
City State Zip

Email address: \_\_\_\_\_ t-shirt size \_\_\_\_\_

Phone \_\_\_\_\_ Alternate phone# \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_  
(Jr Counselor must be at least 18 yrs. old)

Drivers License # \_\_\_\_\_ issued by State: \_\_\_\_\_

Parent or Guardian with whom Jr. Counselor lives \_\_\_\_\_

Please attach two (2) letters of recommendation from your Pastor and/or a current officer of the SCV, UDC, OCR, SAR/DAR or other approved heritage organisation.

Have you been a Youth Counselor before? Yes \_\_\_\_\_ no \_\_\_\_\_

If yes, how many years? \_\_\_\_\_ Where? \_\_\_\_\_

What experience have you had working with children 12-18? \_\_\_\_\_

Have you been convicted of a misdemeanor or felony or used illegal drugs in the last seven years?

If yes, please give date, nature and disposition of offense or use \_\_\_\_\_

**Fees \$245 for Counselors** Late Fee (received after June 8 for TX) +15.00

**Checks made payable to: Sam Davis Christian Youth Camps.**

I have been Awarded a Scholarship for \$\_\_\_\_\_.\_\_\_\_\_ from a local heritage group.

My scholarship has been awarded from:

**CHECK ONE:** SCV Camp\_\_\_\_ UDC Chapter\_\_\_\_ OCR Chapter\_\_\_\_ Other\_\_\_\_

**CHECK ONE:**

SCHOLARSHIP CHECK ENCLOSED \_\_\_\_ **OR** SCHOLARSHIP CHECK WILL BE SENT FROM GROUP \_\_\_\_

**Please provide contact information for the group which has awarded your scholarship:**

Complete name of group \_\_\_\_\_  
(For example: Col. J.A. Davis Camp 112 SCV)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**NOTE: Sam Davis Christian Youth Camp INC does not provide Scholarships.**

Scholarships must come from heritage groups such as local SCV Camps, UDC and OCR Chapters. Please see our webpage for links to local organizations in your area who may provide scholarships and for other ideas for raising money for camp. **Our desire is that financial circumstances should never prevent a deserving jr. counselor/counselor/staff member from attending camp.**

**Hardship circumstances** contact: [kdl@sirc-csa.org](mailto:kdl@sirc-csa.org)

**PAYMENT**

Registration Fee: \$245.00 Late Fee\*: plus: \$\_\_\_\_\_ = TOTAL DUE: \$\_\_\_\_\_

\*\$15 if past application deadline. (June 8 for TX)

**AMOUNT ENCLOSED: \$\_\_\_\_\_ AMOUNT DUE \$\_\_\_\_\_**

**A MEDICAL FORM MUST BE COMPLETELY FILLED OUT AND MAILED IN WITH APPLICATION.**

**WALK-ONS NOT PERMITTED**

I authorize the references listed above to provide to the Sam Davis Christian Youth Camp any and all information related to my background. I knowingly and voluntarily release and hold harmless these references from any and all claims of

any kind whatsoever that I may have because they provide, or attempt to provide, any such information. I hereby expressly voluntarily release and hold harmless the Sam Davis Christian Youth Camp and members of the Sam Davis Christian Youth Camp Committee or any employee, or agent of them, from and against any and all claims of any kind whatsoever that I may have because of the request, receipt, or use of any such information. I understand that the misrepresentation or omission of information requested is just cause for non-appointment as a SDCYC Counselor or Junior Counselor. If appointed as a SDCYC Counselor or Junior Counselor, I agree to abide by or enforce the policies of the Sam Davis Christian Youth Camp and the Standards of Behavior (which I have read and are outlined below) and to fulfill my responsibilities to the best of my ability.

I further request that I be tendered a Contract to serve as a Sam Davis Christian Youth Camp Counselor or Junior Counselor

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Print Name: \_\_\_\_\_

## **POLICIES**

### **PARENTS, COUNSELORS AND CAMPERS SHOULD REVIEW THIS MESSAGE AND POLICIES**

We at Sam Davis Christian Youth Camp (will be referred to as "Camp") have taken the safety and well-being of our campers very seriously. After all, giving your child over to the care of other people, even those that you have come to know is perhaps the greatest act of trust you as a parent can engage in. We aim to do everything we humanly can to earn and keep that trust. We also know we cannot do this without your help. With more and more children using the Internet, cell phones, iPods and other technologies at younger ages, we appeal to both parents and campers to partner with us to ensure that our campers continue to have the safest, most wholesome experience as possible at camp.

This message will help you understand the challenges some technologies pose to the continued health and safety of our camp community. Please review the following policies regarding CELL PHONES, IPODS, CAMERAS, INTERNET AND ELECTRONIC EQUIPMENT use at camp. As always we invite you to call us if you have any questions or concerns about any of these policies.

#### **CELL PHONES — WE HAVE A NO-CELL-PHONE POLICY**

**DO NOT BRING A CELL PHONE TO CAMP.** Cell phones found at camp after Registration and Admission on the first day of camp, whether by accident or planned will be taken and held until departure day. Aside from the fact that cell phones are expensive and can get lost or stolen and that the physical camp environment is not kind to such items, there is a fundamental problem with campers having cell phones at camp, and that is trust. When children come to camp, they and their parents are making a leap of faith, temporarily transferring primary care from parents to us. This is one of the growth producing, yet challenging aspects of camp. As children learn to trust other caring adults,

they grow and learn to solve some of their own challenges. This emerging independence is one of the greatest benefits of camp. It is one important way your child develops greater resilience. Contacting the parent often by phone essentially means they have not made this transition. It prevents us from getting to problems that may arise and addressing them quickly. Sending a cell phone to camp is like saying to your child that you as the parent haven't truly come to peace with the notion of them being away from you and in our care. We agree to tell you immediately if your child is experiencing a challenge in their adjustment to camp. Parents can help by talking with their child before they leave for camp and telling them that there is always someone they can reach out to, whether it be their Counselor, Director or Medic. We are all there to help, but if you don't trust us, your children certainly won't, and your trust as parents is what we seek before your child comes to camp.

Another problem with cell phones at camp is that many of them have built-in cameras. Through the Internet you may have been witness to digital images (ranging from marginally appropriate to comical to indecent, vulgar and illegal) that have been uploaded via camera equipped cell phones. It has happened at many camps that children have secretly taken photos of other campers or staff during changing, showering, bathroom use, etc. and uploaded those images to the Internet. If you belong to a health club, chances are it has a "no cell phone" policy. We choose to avoid these unfortunate by products of cell phone use by eliminating cell phones at Sam Davis Christian Youth Camps.

#### **IPODS & VIDEO DOWNLOAD DEVICES – WE HAVE A POLICY BANNING THE USE OF IPODS OR OTHER DEVICES THAT CAN DOWNLOAD VIDEO**

Due to the capability of such devices to download and store in a private manner easily available sexually explicit, degrading, foul and vulgar content, they are inappropriate for use at camp. In addition it is our aim to promote activities, whether formally planned, informal, or spontaneous during free time that are inclusive and group oriented rather than exclusionary for private personal use or benefit.

#### **CAMERAS - WE HAVE A NO-VIDEO-CAMERA POLICY**

Again, for many of the same reasons for the no-cell-phone policy, we strongly recommend the use of disposable film cameras if a camera is desired at camp. Although permissible, the camp environment is not kind to the sensitive mechanism of an expensive digital still camera. Our staff is acutely aware of campers using cameras during the wrong situations, and or, in the wrong places. When we suspect that this has occurred, our policy is to confiscate the camera, destroy the film or card and hold the camera until departure. You should know that any camper (and their parent) that takes a compromising photo of another camper or staff member and uploads it on the Internet or makes it public in any way after leaving camp will be subject to legal action and may not

be allowed to return to the Sam Davis Christian Youth Camp. Remember, we take hundreds of appropriate photo images during each session and edit them onto a memory CD that is made available to campers for a nominal charge before they depart and/or post them online for download.

#### **COMPUTERS & THE INTERNET - WE HAVE A NO-LAPTOP & HAND PDA TYPE DEVICE POLICY**

Campers do not have the capability to send or receive email, instant message, or play CD's or DVD's on our computers.

#### **FANS & HAIRDRYERS - WE HAVE A NO-ELECTRIC-FAN POLICY**

Each camper cabin is air conditioned. The use of additional fans brought by campers is dangerous because of tripping and falling hazard of electric wires in a confined space and the potential danger of

over-utilized extension cords that can overheat and trip electric circuits used for lighting and the installed fans. Additional fans give the false sense of cooling; rather they produce more heat and annoying noise as well as the above mentioned potential hazards. Hairdryer use is limited to the Cabin Dorm Rooms and not the Bathrooms. The camper cabin electrical circuits will not support the high-energy usage of hairdryers, plus hairdryers add to the heat and humidity load of the cabins.

### **MODEST CLOTHING ONLY**

Campers will dress modestly – no suggestive immodest clothing will be worn. Girls will wear one piece bathing suits or 2 piece with a t-shirt. Boys will wear a t shirt with their bathing suits. No short shorts. Sandals, Zorries or flip flops may only be worn at the pool. Three Mountain Resort Camp (Texas) has a policy that campers wear only closed toe shoes or boots on the camp ground.

### **BREAKAGE POLICY**

Property broken through maliciousness, negligence or recklessness will be paid by the Camper's parents/guardians.

### **COUNSELOR, JUNIOR COUNSELOR STANDARDS OF BEHAVIOUR**

This Standards of Behavior is a contractual agreement accepted by Sam Davis Christian Youth Camp Counselors and Junior Counselors who commit to the Sam Davis Christian Youth Camp program. The Standards shall guide their behavior during their involvement in the Sam Davis Christian Youth Camp. A Counselors involvement in the Sam Davis Christian Youth Camp is a privilege and a responsibility, not a right.

The Sam Davis Christian Youth Camp program provides quality educational programs accessible to all eligible Confederate youth. The primary purpose of this Standard of Behavior is to insure the safety and well-being of all Sam Davis Christian Youth Camp participants. Sam Davis Christian Youth Camp Counselors and Junior Counselors are expected to function within the guidelines of the Sam Davis Christian Youth Camp program. The Sam Davis Christian Youth Camp Counselors and Junior Counselors shall be individuals of personal integrity.

### **Sam Davis Christian Youth Camp Counselors and Junior Counselors will:**

- Uphold a camper's right to dignity, self-development, and self-direction.
- Accept supervision and support from the Camp Director and his designees while involved in the program.
- Accept the responsibility to represent Sam .Davis Christian Youth Camp program with dignity and pride by being positive mentors for the youth with whom they work.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies and guidelines established by the Sam Davis Christian Youth Camp program.
- Strictly abide by the Sam Davis Christian Youth Camp Child Protection Policy and not abuse any Camp participant by physical or verbal means and will report such abuse, if observed or suspected, as outlined in the Sam Davis Christian Youth Camp Youth Protection Policy.

- Sam Davis Christian Youth Camp Child Protection Policy will insure that all Camper interaction (especially individual interaction), including counseling, discipline, teaching or supervising will include two counselors present at all times or at the very least one counselor and one junior counselor.
- Not commit a criminal act.
- Comply with equal opportunity and anti-discrimination laws.
- Perform duties in a responsible and timely manner.
- Report immediately any threats to a Camper's emotional or physical well-being to the Camp Director or his designee.
- Accept the responsibility to promote and support the Sam Davis Christian Youth Camp.

A Jr Counsel Guide will be emailed to all accepted Jr. Counselor along with the camp Handbook.

Print out & bring with you in a 3 ring binder/folder

**RETAIN A COPY FOR YOUR RECORDS**

# 2018 Health History and Enrollment - Adult Form

## Sam Davis Christian Youth Camp

TEXAS CAMP \* JULY 8 -14, 2018 \* Clifton, TX

- Complete this form **IN INK** answering **ALL** questions. Please **PRINT LEGIBLY**
- The parent/guardian and camper both must sign this form.
- Mail to **SAM DAVIS CHRISTIAN YOUTH CAMP, POB 589, DECATUR, TX 76234**
- No one will be allowed to attend a Sam Davis Youth Camp without this completed form received at least 10 days before Camp. **FAILURE TO FILL OUT COMPLETELY WILL BE GROUNDS FOR DISMISSAL.**  
USE ADDITIONAL PAPER FOR ANSWERS IF NECESSARY

**MAIL or EMAIL THIS COMPLETED MEDICAL FORM WITH APPLICATION AND.....  
PLEASE BRING A PHOTOCOPY OF THIS COMPLETED MEDICAL FORM TO CAMP.**

The information on this form is gathered to assist Sam Davis Christian Youth Camp in identifying appropriate care. Health history must be filled out annually by parents/guardians of minors or by adults themselves who serve as camp volunteer, counselor, staff or employee. Attach written documentation verifying health examination within two years from approved licensed medical personnel or have the Health Examination Portion completed and signed by same.

Please check appropriate boxes:

Gender:     M     F

**Staff/Employee/Officer**       **Junior Counselor (18-20)**       **Counselor /Volunteer (21 and over)**

Participant's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Age during Camp \_\_\_\_\_

Address \_\_\_\_\_  
Street Address    City    State    Zip

Custodial Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Phone(    ) \_\_\_\_\_  
Street Address    City    State    Zip

Parent/Family e-mail \_\_\_\_\_ Mobile(    ) \_\_\_\_\_

Business \_\_\_\_\_ Phone(    ) \_\_\_\_\_  
Name of Company                          Street Address                          City                          State                          Zip

Second Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Phone(    ) \_\_\_\_\_  
Street Address    City    State    Zip

Parent/Family e-mail \_\_\_\_\_ Mobile(    ) \_\_\_\_\_

Business \_\_\_\_\_ Phone(    ) \_\_\_\_\_  
Name of Company                          Street Address                          City                          State                          Zip

**If Parent(s) or Guardian not available in an emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone(    ) \_\_\_\_\_  
Street Address    City    State    Zip

Mobile(    ) \_\_\_\_\_

**Insurance Information**

Is the member (camper) covered by family health/medical/hospital insurance?  Yes  No

Health Insurance Carrier \_\_\_\_\_ Group/Policy No. \_\_\_\_\_

Health Insurance Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street Address City State Zip

Name of Insured \_\_\_\_\_ Relationship to Member (camper) \_\_\_\_\_

**Physician/Dentist Information**

Physician's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street Address City State Zip

Dentist's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street Address City State Zip

**Allergies/Dietary Restrictions**

List all known Allergies to medication, food, other (including insect stings, hay fever, penicillin, animal dander, plant allergies, etc.)

\_\_\_\_\_

Any medical or religious meal plan or dietary restriction:  No  Yes If yes, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Immunizations:** (must be completed or **attach Immunization Record**)

Date of last Tetanus shot \_\_\_\_\_

**Which of the following has the participant had?**

	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Measles	DTP		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chicken Pox	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> German Measles	Tetanus		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mumps	Polio		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis A	MMR		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis B	or Measles		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis C	or Mumps		_____	_____	_____	_____	_____	_____
	Or Rubella		_____	_____	_____	_____	_____	_____
TB Mantoux Test	Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Date of last test _____	Hepatitis B		_____	_____	_____	_____	_____	_____
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Varicella (Chicken Pox)		_____	_____	_____	_____	_____	_____

List approximate date if participant has had or has been exposed to:

Chicken Pox \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Measles \_\_\_\_\_

If immunizations are not up-to-date, please explain: \_\_\_\_\_

\_\_\_\_\_

My child has not had any immunizations due to parental religious beliefs and/or other beliefs  Yes  No

\_\_\_\_\_



**Medications** Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last entire time at camp. **All prescription medications must be in original bottle, identifying prescribing physician (if a prescription drug), showing name of medication, dosage, and frequency of administration.**

**This person takes medications as follows:**

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific Time \_\_\_\_\_

Reason \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific Time \_\_\_\_\_

Reason \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific Time \_\_\_\_\_

Reason \_\_\_\_\_

**This person takes NO medications on a routine basis.**

Sam Davis Christian Youth Camp is hereby granted permission to administer the following over-the-counter medications if the designated camp medical personnel deem it necessary Dosages will be administered to directions on the bottle unless a physician directs otherwise.

Headache.....Tylenol/Ibuprophen/Aleve..... Yes  No

Bites/Rashes.....Antihistimine/(Benadryl/Claritin)..... Yes  No

Upset Stomach.....Pepto Bismol/Tums/Roloids..... Yes  No

Diarrhea.....Immodium AD..... Yes  No

Menstrual Cramps.....Ibuprophen or Aleve..... Yes  No

Poison Ivy.....Calamine Lotion or CortAid..... Yes  No

Ear Infection from Swimming.....Swim Ear-Rx..... Yes  No

Coughing.....Robitussin Cough Syrup..... Yes  No

**General Health** Height \_\_\_\_\_ Weight \_\_\_\_\_

**(Explain "yes" answers below)**

Has/does the participant:

1. Had any recent injury, illness or infectious diseases, Measles, mumps, mononucleosis?  Yes  No

2. Have a chronic or recurring illness or condition ear infections, heart condition?  Yes  No

3. Had any loss of consciousness, convulsion, Or concussion?  Yes  No

4. Have any medically prescribed meal plan or Dietary restrictions?  Yes  No

5. Have any bleeding or clotting?  Yes  No

6. Have hypertension?  Yes  No

7. Have hepatitis?  Yes  No

8. Have asthma?  Yes  No

9. Have epilepsy?  Yes  No

10. Have diabetes?  Yes  No

11. Had chicken pox?  Yes  No

12. If female, have an abnormal menstrual history?  Yes  No

13. Wear glasses, contacts or protective eye wear?  Yes  No

14. Currently under physician's care?  Yes  No

**Explain any "yes" answers, noting the number of the question.** \_\_\_\_\_

**Check below if participant is subject to:**

\_\_\_ Frequent Sore Throats

\_\_\_ Headaches

\_\_\_ Fainting

\_\_\_ Sleep Walking

\_\_\_ Sinusitis

\_\_\_ Frequent Colds

\_\_\_ Convulsions

\_\_\_ Kidney Trouble

\_\_\_ Athlete's Foot

\_\_\_ Diarrhea

\_\_\_ Epileptic Seizures

\_\_\_ Constipation

\_\_\_ Heart Trouble

\_\_\_ Bronchitis Cramps

\_\_\_ Ear Infections

\_\_\_ Home Sickness

\_\_\_ Bed Wetting

Other – Specify \_\_\_\_\_

**Mental, Emotional and Psychological Health**

Has/does the participant:

1. Have an emotional health concern that will impact  
Camp participation? .....  Yes  No

2. Have a psychiatric diagnosis such as depression,  
OCD, panic/anxiety disorder? .....  Yes  No

3. Have a significant life event that continues to  
affect the camper's life/health?.....  Yes  No

4. Use an individualized learning plan  
at school?.....  Yes  No

5. Diagnosed or treated for Attention Deficit Disorder  
(ADD).....  Yes  No

**Information about participant's physical, emotional, or mental health behavior, including sexual abuse, depression or suicide, of which the camp should be aware:**

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

**Does the Participant have a Criminal/Juvenile Record or serious school disciplinary record?**  Yes  No

**If yes, please explain** \_\_\_\_\_

**Health Examination by Licensed Medical Physician, Physicians Assistant or (in some states\*)  
Certified Nurse Practitioner**

\*Check with your state health department to determine if a certified nurse practitioner is considered "licensed medical personnel."

Date of examination: \_\_\_\_\_

**I have examined the camp applicant and, in my opinion, he/she  is  is not able to participate in an active camp program.**

The applicant is under the care of a physician for the following condition(s): \_\_\_\_\_

**Recommendations and Restrictions at Camp for Health Reasons**

Description of any limitation or restriction on camp activities: \_\_\_\_\_

Treatment to be continued at camp: \_\_\_\_\_

Signature of Licensed Medical Personnel \_\_\_\_\_ Title \_\_\_\_\_

Doctor's Office/Clinic \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address City State Zip

• It is understood that all Sam Davis Christian Youth Camp members in attendance will abide by the rules of the lodge and camp. If any member does not, the privileges of participating in the activities will be taken away; or in the case of a serious violation, the member will be returned home.

• **This health history is complete and correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. False, misleading, deliberately incomplete answers or failure to disclose a serious or serious condition that affects the camper, counselors or others at the camp, is grounds to dismiss a camper or counselor from Camp. For Camper, picking up the dismissed camper is the responsibility of the parents/guardians.**

**Personal Release:** I hereby irrevocably grant to Sam Davis Christian Youth Camp the right to use, publish or distribute my and/or my child's image, name, voice and/or likeness, in whole or in part, for the purposes of promotion, education or marketing use by Sam Davis Christian Youth Camp. I waive the right to inspect, approve or be compensated for the use to which it may be applied. I release Sam Davis Christian Youth Camp for myself, my heirs, and executors, from all claims, demands or liabilities that may arise regarding the use of my and/or my child's image, name, voice or likeness. I have read and understand this Personal Release.

**Emergency Authorization:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for me as a volunteer, counselor, staff or employee, or my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child (or myself) as named above, if my child needs treatment for illness or injury which requires that he/she be taken from the camp to seek medical treatment. I understand that I will be notified immediately by the camp director or designee.

I hereby agree (pursuant to 45 CFR 164.510(b) to the disclosure to camp representatives of the protected health information of the person herein described as necessary: (I) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (II) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

\_\_\_\_\_  
Signature Print Name Date

• I understand and agree to abide by the rules and restrictions placed on my camp activities \_\_\_\_\_  
Signature

• *If for religious reasons you cannot sign this form, contact the camp for a legal waiver, which must be signed for attendance.*

**staff@sdcyc.org \* www.samdavischristian.org**

**THREE MOUNTAIN RETREAT REQUIRES US TO PROVIDE THEM THE FOLLOWING MEDICAL BACKGROUND INFORMATION FORM. PLEASE USE THE INFORMATION FROM THE ABOVE APPLICATION TO COMPLETE THE FOLLOWING PAGE.**  
\*\*\*\*\***THANK YOU FOR HELPING US TO KEEP YOUR CAMPER SAFE.**

# Three Mountain Retreat

1648 FM 182 Clifton, TX 76634-5101 254-675-3188

## Medical Information Sheet

Campers may not be admitted to camp without this form completed and signed by parents and/or guardians.

Camper's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Camper's Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Camp Dates \_\_\_\_\_ Church / Organization \_\_\_\_\_

Parent's/Guardian Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Name of Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Please furnish the most recent DATE your camper had immunization, booster or infection:

DPT \_\_\_\_\_ MMR \_\_\_\_\_ Polio-Oral \_\_\_\_\_ TB Skin Test \_\_\_\_\_ Tetanus Shot \_\_\_\_\_ Other \_\_\_\_\_

List ALLERGIES (Medications, food, environmental, and type of reaction) \_\_\_\_\_

Any other medical conditions/concerns (e.g., diabetes, asthma, seizures) \_\_\_\_\_

LIST ANY PRESCRIPTION MEDICATION that your child will need to take while at camp: \_\_\_\_\_

**Please be sure any medication (both prescription and non-prescription) your camper brings is in ORIGINAL CONTAINER and that instructions for administration are documented if different than as labeled on container.**

Are there any special restrictions for your child? No / Yes: \_\_\_\_\_

Is any special supervision needed? No / Yes: \_\_\_\_\_

List below phone numbers and persons who should be contacted if the camp office is unable to reach parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Camp personnel are on duty at all times to administer first aid and common non-emergency medical treatments. A hospital with emergency room facilities is also available for the camp. Please be specific and thorough about camper's shots and/or medications. All medication that needs to be administered to a camper (both prescription and non-prescription) must be given to the designated camp personnel and must be in its original container, well identified, and have instructions for administration. The leaders of the rental group are responsible for securing any medical care needed by any member of the group while in attendance at Three Mountain Retreat.

I understand the risk of injury that can result from activities and/or services offered at Three Mountain Retreat. In consideration of acceptance for participation in same, I do voluntarily and knowingly execute this release, waiving all claims, action, demands or rights to monetary judgment from Three Mountain Retreat or its staff or the sponsors or staff of \_\_\_\_\_, for any and all injury, illness or physical harm which arises from his or her attendance at Three Mountain Retreat and/or participation in any program or activity sponsored by or supervised by any of the above named entities.

In case of medical or surgical emergency, I hereby give permission to the physician selected by the rental group leaders to hospitalize, secure necessary treatment and to order injections, anesthesia or surgery as the physician may deem appropriate for my child named above. I agree that any charges for these services are my sole responsibility. In case medical treatment is needed at the local clinic or hospital, I authorize the camp leaders to transport my child in the manner in which their best judgment dictates.

In addition, any photo of me or my dependent taken at Three Mountain Retreat can be used by Three Mountain Retreat for publicity purposes, either on their web site or in printed material.

Date \_\_\_\_\_ Parent or Guardian MUST SIGN \_\_\_\_\_