



**2019 SAM DAVIS CHRISTIAN YOUTH CAMP REGISTRATION  
CAMPER FORM (for youth ages 12 through 17 years old)**

**TEXAS CAMP - JULY 14 - 20, 2019 - Clifton, TX**

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

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.

Name: \_\_\_\_\_  
First M.I. LAST

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

Email address: \_\_\_\_\_ t-shirt size: S M L XL XXL

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

Boy / Girl Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_  
(Must be born before June 2007)

Parent or Guardian with Whom Camper Lives: \_\_\_\_\_

**Camp Commitment**

(Please Parent (P) and Camper (C) initial to show agreement)

P\_\_\_\_C\_\_\_\_I agree that I am not to have/use any form of tobacco, alcoholic beverage, drugs, fire crackers or unreported firearms.

P\_\_\_\_C\_\_\_\_I will conduct myself with respect toward all others at all times and will cooperate with the camp counselors and staff.

P\_\_\_\_C\_\_\_\_I understand that areas are restricted to boys in the boy's cabin area and girls in the girl's cabin area.

P\_\_\_\_C\_\_\_\_I will not deface or destroy any camp property.

P\_\_\_\_C\_\_\_\_My parents will be held financially responsible for any property I break or destroy through recklessness or maliciousness.

P\_\_\_\_C\_\_\_\_If I violate the no-cellphone policy I understand that my parents will be called and I will be sent home.

P\_\_\_\_C\_\_\_\_If I break any part of this agreement or if my application contains a false or misleading statement, I and my parents, who sign below, understand I will be sent home (my parents will pick me up) without refund, at my own expense.

**Photo Release Photographic Permission:**

Sam Davis Christian Youth Camp, Inc. has my permission to use video or photography of my child for camp promotional purposes.

I agree to the foregoing and that all provided information provided is correct.

Camper Signature: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: NO APPLICATIONS WILL BE ACCEPTED that are received after July 1, 2019.**

**Fees \$495 for Campers**

(Less \$10 for each additional child ). Late Fee (received after June 14) +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 IS 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 youth from attending camp. Hardship circumstances** contact: kdl@slrc-csa.org

**PAYMENT**

Registration Fee: \$495 Discount\*: minus \$\_\_\_\_\_ Late Fee\*\* : plus: \$\_\_\_\_\_

TOTAL DUE: \$\_\_\_\_\_

\*Discount of \$10 if additional child in camp.

\*\*\$15 if past application deadline. (June 14<sup>th</sup>, 2019)

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

**A MEDICAL FORM MUST BE COMPLETELY FILLED OUT AND MAILED IN\***

**\*MEDICAL FORM MUST BE RECEIVED NO LATER THAN 3 WEEKS BEFORE START OF CAMP. WALK-ONS NOT PERMITTED**

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

## **PARENTS 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. **Cell phones found after the first day will result in the owner's parents being called and the camper being sent home!** 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 (not SDCYC) 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 may be subject to legal action and may not be allowed to return to the Sam Davis Youth Camp. Remember, we take hundreds of appropriate photo images dining each session and edit them onto a memory CD that is made available to campers for a nominal charge before they depart.

**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 - 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. Hairdryer use is limited to the Cabin Dorm Rooms and not the Bathrooms.

**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. 3 Mountain 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.

I have read and understand the Sam Davis Christian Youth Camp Policies, especially the policy regarding NO cell phones, NO Ipods or video download devices, NO video camera and NO Computer/laptop/pda Device, Fans, Clothing & Breakage and understand that violation of any of these policies will result in my parents being called and me being sent home.

**CAMPER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN PRINT NAME :** \_\_\_\_\_

**RETAIN A COPY FOR YOUR RECORDS**  
**staff@sdcyc.org \* www.samdavischristian.org**

# 2019 Health History and Enrollment

## Sam Davis Christian Youth Camp for Youth

### TEXAS CAMP \* JULY 14 - 20, 2019 \* 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, PO Box 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

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.
- By signing this form, I verify my child (camper) is at least 12 years of age.
- **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 Parent/Guardian Print Name Parent/Guardian Date

\_\_\_\_\_  
Signature Parent/Guardian Print Name Parent/Guardian Date

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

• 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 \_\_\_\_\_