

Camper and Volunteer Health History Form

Camper Name: _____

First Name _____ Middle Initial _____ Last Name _____

Date of Birth: _____ Male: _____ Female: _____

Name of Parent/Guardian: _____

Preferred Phone Number: _____

About health care for short term camper stays:

- At minimum, a staff member with First Aid and CPR is present at all times when campers are on property.
- Campers should arrive ready to participate in the program. If a camper is unable to participate in any part of the activities please contact our office with those details so that we may accommodate and plan accordingly.
- All medications must arrive with detailed instructions in original bottles with proper labeling bearing child's name. Medications will be dispensed by adult volunteers. Blue Lake has over the counter medications on hand to be distributed if necessary, in which case you will be contacted prior to dispensing.

Date (month and year) of child's most recent tetanus immunization _____

Is child allergic to any foods or medications? Yes: ___ No: ___

If yes please name them:

_____ Intolerance: _____ Anaphylaxis: _____

_____ Intolerance: _____ Anaphylaxis: _____

_____ Intolerance: _____ Anaphylaxis: _____

Does this child have Asthma? Yes ___ No ___

If Yes:

Will the child carry a rescue inhaler? Yes: ___ No: ___

Will the child need staff assistance to use the inhaler? Yes: ___ No: ___

What triggers the child's asthma? _____

We will contact you if there is a question about your child's health and in an emergency. Please provide us contact information for a custodial parent who will be available via phone while your child is attending camp.

Name of Parent/Guardian: _____ Phone Number: _____

List the Medication that your child takes on a regular basis: OR _____ Does NOT take medication.

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Please inform us of any additional information about your child's health that may impact their stay in our program:

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form, I understand that the camp has limited healthcare on site and that the staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that the information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____

Agreement to Participate; Assumption of Risk and Release of Liability
(All participants including volunteers)

WHEREAS, THE UNDERSIGNED PARENT OR GUARDIAN wishes to have their child be accepted for participation in the Blue Lake United Methodist Assembly experience:

The undersigned acknowledge(s) that during the said Blue Lake United Methodist Assembly program for 2016 Confirmation Retreat that their child or person(s), for whom they have responsibility, has requested to participate in, those certain risks and dangers may occur. These include, but are not limited to hazards of traveling wooded terrain, ropes course, using water borne craft such a canoe, accident or illness in a remote place with medical facilities eighteen (18) miles away, and travel by various conveyance. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from other types of outdoor activities. I further understand that in allowing my child or the person to whom I have responsibility to participate in camping activities he/she will be exposed to the elements of nature, including temperature extremes, and inclement weather. I further understand that medical treatment may be several minutes to an hour away in the event of a medical emergency.

I certify that my child or the person for whom I am responsible for, is healthy enough (both physically and emotionally) and capable of participating in this Blue Lake United Methodist Assembly program. I have listed on the Health Form any medical conditions that Blue Lake United Methodist Assembly, Inc., should be aware of which may hinder my child, or the person for whom I am responsible for, from participating in any particular activity. However, I understand that it is solely my parental or guardian responsibility to determine whether there is any medical reason that my child or the person for which I am responsible for, should not participate in the Confirmation Retreat Camping Program at Blue Lake United Methodist Assembly, Inc.

In consideration of, and as part payment for the right to participate in such a camping program and the services and food arranged for my child or person for whom I am responsible for, by Blue Lake United Methodist Assembly, Inc., Directors, Officers, Employees, Agents, and/or Associates I have and do hereby assume all the above risk and any other ordinary risk incidental to the nature of the Blue Lake United Methodist Assembly program which is not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether from bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with by camp or participation in any other activities arranged for me by Blue Lake United Methodist Assembly, Inc., its Directors, Officers, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue Blue Lake United Methodist Assembly, Inc., and if I do, I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against Blue Lake United Methodist Assembly, Inc. I also state that my child or the person for whom I am responsible for, nor I, am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my child's, and/or the child for whom I have responsibility for, physical activity involves risk of injury. I also understand that my child's or person for whom I have responsibility for, participation in Blue Lake United Methodist Assembly, Inc., program is entirely VOLUNTARY. I enter my child, or the person for whom I have responsibility for, enter into this Blue Lake United Methodist Assembly, Inc., program and take full responsibility for my decision for him/her to participate or not to participate and agree to follow all safety instructions.

Name of Participant: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____