

HOPE SHORES BIBLE CAMP HEALTH RECORD & RELEASE FORM – 2023

The following health form must be completed in full by the parent/guardian of each camper, or by the camper if 18 years of age, prior to the camper's arrival at camp. Your camper's health and safety are a top priority while he/she is at Hope Shores.

The entire 3 pages of the Health & Release form must be submitted for the camper to attend Hope Shores. Here is a checklist of everything that must be submitted:

- ☐ Get a copy of camper's recent physical exam by a licensed practitioner within the last one year
- ☐ Camper & Parent Information
- ☐ Medical Insurance (must submit picture of front & back of health insurance card online) & Provider information
- ☐ Immunization & Health History
- ☐ Medications
- ☐ Parent Authorization to Treat

Hope Shores is required by the state of Minnesota to collect this information. The physical examination must be performed by a licensed practitioner within the last one year. It shall include a health history, immunization record, notes regarding any communicable diseases that the camper may have, and instructions if the camper has any restrictions related to normal camp activities. All this information is included on our Health Form. As Hope Shores is also an American Camping Association (ACA) accredited camp, we also must obtain this health information for our accreditation standards.

Thank you for helping us keep your camper safe and healthy during his/her time at Hope Shores!

CAMPER INFO

NAME: _____ Date of Birth: _____
Last First M.I.

Sex: M F Age: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

PARENT INFO

Parent(s): _____ Phone # 1: _____

Address: _____ Phone #2: _____

City: _____ State: _____ Zip: _____

Emergency Notification Name: _____ Relationship: _____
(other than parent)

Address: _____ Phone #: _____

MEDICAL INSURANCE

Make sure you submit a readable photo of your insurance card (both sides) in the camper's online registration for Hope Shores.

Insurance Company _____ Policy Number _____

Subscriber _____ Group Number (if applicable) _____

Insurance Company Phone # _____

CAMPER HEALTHCARE PROVIDER

Family Doctor: _____ Phone #: _____

IMMUNIZATION HISTORY

Date of most recent immunization against:

Tetanus: _____ Polio: _____ MMR : _____ Hepatitis B: _____

Varicella (chicken pox): _____ OR Date/age camper had chicken pox: _____

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized:

Signature of Parent/Legal Guardian _____ Date _____

Relationship to Camper: _____

HEALTH HISTORY

Does the camper have difficulties with any of the following?

- | | | | | |
|---------------------------------------|--|---|---|---------------------------------------|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Appendix Removal | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Convulsions/Epilepsy | <input type="checkbox"/> Kidney | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Sore throats | <input type="checkbox"/> Colds | <input type="checkbox"/> Headaches | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Eating /foods | | | |

Does the camper have any **drug or food** allergies? _____

Allergen Statement: Hope Shores cannot guarantee that any foods prepared on site are free from allergens (including dairy, eggs, soy, peanuts, tree nuts, wheat, and others) as we use shared equipment to store, prepare, and serve them. We can make accommodations for food sensitivities, but not severe allergies, due to the aforementioned reasons. If your camper has a severe food allergy, please make arrangements to send prepared food with your camper to camp. Contact Greta Schutte at greta@hope-pc.org at least one week prior to camp to discuss dietary needs.

Has the camper or is the camper currently receiving professional treatment to address **mental/emotional health** concerns? If so, describe. _____

What have we forgotten to ask? Please provide any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

MEDICATIONS

Hope Shores Bible Camp carries general over the counter medications in the infirmary, such as Tylenol, cold medicines, Benadryl etc. Please do not feel you need to send these with your child unless they are needed on a regular basis. It is required to send all prescription medications in their ORIGINAL container (with name, dose, frequency clearly written) in order to have our nurse safely administer them. The nurse collects all medications from the campers. They will be handed out as prescribed.

| <u>NAME</u> of Medication | <u>DOSAGE</u> | <u>TIMES</u> | <u>REASON GIVEN</u> |
|---------------------------|---------------|--------------|---------------------|
| (in original container) | | | |
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PARENT'S AUTHORIZATION

I hereby release Hope Presbyterian Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain at camp. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to an X-ray examination, medical or surgical diagnosis, treatment or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. **I permit the camp nurse to dispense the following medications if necessary: Sudafed, Benadryl, Tums, Ibuprofen, and Tylenol.**

Signature of Parent or Legal Guardian _____ Date _____