



# CAMPER HEALTH HISTORY

The following information must be completed by the parent/guardian. The intent of this information is to provide staff the background to provide appropriate care. Provide complete information so that staff are aware of your child's needs.

## Medical Information:

Allergies or intolerance to food, medication, or any other substance: \_\_\_\_\_

If an allergic reaction occurs, please list steps to relieve reaction: \_\_\_\_\_

Chronic physical problems, pertinent developmental information, any special accommodations needed: \_\_\_\_\_

Does your child take medications or vitamins on doctor's orders?

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

Please specify: \_\_\_\_\_

Name of sibling(s): \_\_\_\_\_

*If the staff is to administer medications during the day, emergency or routine, please complete a MEDICATION AUTHORIZATION FORM.*

Child's Physician Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Emergency Medical Authorization: \_\_\_\_\_ Physician's Address: \_\_\_\_\_

I give the CHRISTUS HWC permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the CHRISTUS HEALTH AND WELLNESS CENTER. I also give permission for my child to be transported by ambulance to an emergency center for treatment. I authorize the HWC to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts. I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Parental Agreements:

- 1) The HWC agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the HWC.
- 2) The parent/guardian agrees to inform the HWC within 24 hours or the next business day after his child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- 3) My child has permission to participate in HWC swimming activities. including but not limited to pools, water slides, and water balloons
- 4) The parent / guardian authorizes the application of sunscreen and / or insect repellent for his/her child by HWC staff.
- 5) I have received the parent handbook and understand that it is my responsibility to read and understand/be aware of ALL policies, and agree to all blanket permission forms and opt out requests, as outlined in the parent handbook.

Brand of Sunscreen to be Administered: \_\_\_\_\_ Brand of Insect Repellent to be Administered: \_\_\_\_\_

Swimming Ability:  Non-Swimmer (unable to swim/no swim instruction)  Beginner (some limited swim instruction)  Intermediate (average swimming ability)  Advanced (skilled swimmer)

## Has participant had:

- |  |         |        |  |         |        |
|--|---------|--------|--|---------|--------|
| 1. Measles                                   | [ ] Yes | [ ] No | 15. Recent injury, illness or infectious disease                                 | [ ] Yes | [ ] No |
| 2. Chicken Pox                               | [ ] Yes | [ ] No | 16. Chronic or recurring illness/condition                                       | [ ] Yes | [ ] No |
| 3. German Measles                            | [ ] Yes | [ ] No | 17. Heart defect/disease/murmur  | [ ] Yes | [ ] No |
| 4. Mumps                                     | [ ] Yes | [ ] No | 18. Eating disorder  | [ ] Yes | [ ] No |
| 5. Hepatitis A/B/C                           | [ ] Yes | [ ] No | 19. Diarrhea/constipation  | [ ] Yes | [ ] No |
| 6. Mononucleosis                             | [ ] Yes | [ ] No | 20. Wear glasses, contacts or protective eye wear                                | [ ] Yes | [ ] No |
| 7. Frequent ear infections                   | [ ] Yes | [ ] No | 21. Orthodontic appliance (e.g., retainer)                                       | [ ] Yes | [ ] No |
| 8. Asthma                                    | [ ] Yes | [ ] No | 22. Hypertension (high blood pressure)   | [ ] Yes | [ ] No |
| 9. Diabetes                                  | [ ] Yes | [ ] No | 23. Emotional difficulties for which professional help was sought                | [ ] Yes | [ ] No |
| 10. Seizures/Convulsions                     | [ ] Yes | [ ] No | 24. Any specific activities that child cannot participate in or needs assistance | [ ] Yes | [ ] No |
| 11. Frequent headaches                       | [ ] Yes | [ ] No | 25. Dizzy/passed out after physical activity                                     | [ ] Yes | [ ] No |
| 12. Head Injury                              | [ ] Yes | [ ] No |  |         |        |
| 13. Knocked unconscious                      | [ ] Yes | [ ] No |  |         |        |
| 14. Skin Problems (e.g., itching rash, acne) | [ ] Yes | [ ] No |  |         |        |

Date of last physical \_\_\_\_\_

Please explain any "YES" answers, noting the applicable number \_\_\_\_\_

Any additional information about the participant's behavior and physical, emotional or mental health the staff should be aware of: \_\_\_\_\_

All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization and the five (5) Parental Agreements, and cancellation policy outlined above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



CHRISTUS HEALTH AND WELLNESS CENTER (HWC) PARTICIPANT WAIVER FORM

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the HWC's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the CHRISTUS HWC, St. Elizabeth Hospital and all its associates assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, pool activities, hiking, or any other activities, classes, events, or programs at and/or sponsored by the HWC. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the HWC and/or sponsored by the HWC.

I also acknowledge that the CHRISTUS HWC often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of the CHRISTUS HWC allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the CHRISTUS HWC and/or sponsored by the CHRISTUS HWC, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the CHRISTUS HWC, St. Elizabeth Hospital, and all its associates from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the CHRISTUS HWC and its employees, agents, or representatives or from some other cause. My agreement to release the CHRISTUS HWC does not include any loss, damage or injury that results from the CHRISTUS HWC's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the CHRISTUS HWC, St. Elizabeth Hospital and all its associates, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the CHRISTUS HWC that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the CHRISTUS HWC arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the CHRISTUS HWC and St. Elizabeth Hospital from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the CHRISTUS HWC or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian                      Date  
of Participant(s) under the Age of 18

\_\_\_\_\_  
Name and Age of Participant under the Age of 18, If Any