



Health History and Medical information

Camper

Name : _____ Date: _____
 Phone (C) _____ Phone(H): _____
 Birthdate: _____ Grade: _____
 Camp Dates: _____ Group Name: _____
 Email1: _____ Email2: _____

Have you ever attended a camp, been part of doulos, volunteered, been on staff, or donated money to YDI? _____

Check here if you would like to be added to our newsletter.

Parent/Guardian

Parent/Guardian: _____ Phone (C): _____
 Email: _____ Address: _____
 City, State, Zip: _____
 Second Parent: _____ Phone (C): _____
 Email1: _____ Address: _____
 City, State, Zip: _____ Medical Ins Carrier: _____
 Carrier Address: _____
 Emergency Contact: _____ Ins. Group or Policy# _____
 Emergency Contact Phone: _____ Name of Insured Person: _____

Camper Medical Info:

Allergies (food to drug): _____

Are there any health problems that would make it difficult for your child to participate in physical activities while at camp?

Yes No (Circle one).

If Yes, please explain: _____

Approximate date of last tetanus shot: _____

Are all immunizations up to date: Yes No (Circle one) If No, reason: _____

Is there anything else you'd like us to know? _____

I HEREBY:

- Affirm there is no need of a doctor's examination prior to camp based on current physical health, or that such an examination has been obtained and included this with registration.
- Authorize Head Waters Lodge's staff to dispense over the counter medications as need arises and prescription medications based on instructions provided.
- Give permission to the medical personnel selected by the camp to order x-rays, routine test, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary medical transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.
- Allow my child to participate in all camp activities which may include, but is no limited to the following:
zip line riding, giant swing, rock wall and field game activities unless written instructions are sent indicating otherwise.
- Understand that Head Waters Lodge and Youth Development Inc. reserves the right to dismiss a camper whose action, behavior, or attitude in their judgment, is contrary to the best interest of the camp.
- Agree that any pictures or video of the camper taken at camp maybe used by Head Waters Lodge and Youth Development Inc. or their assigned agents for art, advertising, or promotional literature. I waive my right to inspect or approve the finished product or copy or approve the finished product or copy.

Parent/Guardian Signature _____ Date _____