

White River Advent Christian Camp

HEALTH FORM

THIS FORM IS TO BE COMPLETED AND BROUGHT TO CAMP

Camper's Name: _____ Sex: () Male () Female
 First middle Last

Home Address: _____

City _____ State _____ Zip _____

Age _____ Birth-date _____ Phone Number(s) _____

Parent/Guardian Name: _____

Email Address: _____

EMERGENCY Contact: Name: _____ Phone: _____

Part One --- Parental Authorization:

I understand and certify that my child's participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that although White River Advent Camp has taken measures to minimize the risk of injury to camp participants, White River Advent Camp cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the camp's rules and procedures for the safety of camp participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the attending physician secured by White River Advent Camp to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Signature of Parent _____ Date: _____

If you carry medical insurance, please indicate:

Insurance Carrier: _____

Policy #: _____

Insurance Carrier Phone Number: _____

Policy Holder's Name: _____

Please Flip over for Part 2 --- Health Information



Part Two --- Health Information

Frequent Ear Infections Asthma Diabetes Heart Defect
 Convulsions Epilepsy Hyperactivity ADD
 ADH Bed-wetting Sleepwalking Autism

Allergies: Penicillin Aspirin Serious Poison Ivy Bee Stings
 Hay Fever Food Allergies other (please specify): _____

Immunizations: _____ Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster").

Operations: _____

Serious or Chronic Illnesses: _____

Dietary Modifications While At Camp: _____

Prescription Drugs Camper Brings To Camp: (include instructions) _____

Physical Restrictions While At Camp: _____

Special Needs While At Camp: _____

Name & Phone # of Family Physician: _____

Lice Policy: From time to time we have found that a child in camp has head lice. Head lice is a common problem . We feel that it is important to make sure that parents are informed about our plans should head lice be found. First off, while head lice are a nuisance, they are not dangerous and they do not spread disease. They are, however, contagious and annoying so we want to make sure they do not become a problem at our camp.

Ensure that Campers and Staff need to be screened for lice before arriving at Camp. All Campers and Staff will be screened first thing upon arrival by a Camp staff Member. IF Live Lice or Nits are found on a Camper or Staff, They will be sent home for treatment. IF Camper or Staff are Lice free for 24 hours after treatment they can re-enter camp after being re-checked by our staff. If during the camp session, a camper or staff member is found to have lice, immediate action by will be taken and Camper/Staff will be sent home. The camp is not responsible for transportation home.

We advise Campers and Staff to not to share hair items or clothes and to not lie in each other's beds. The camp has a responsibility to the campers, staff and families to prevent an outbreak of lice. In its earliest stages, it is not always possible to identify a case of lice. However, by doing camp wide screenings by both Camp staff and families, having everyone on board, we can work to minimize the problem as best we can. Our goal is to provide a wonderful camp experience for your children. Head lice are extremely common and thousands of children nationwide are expected to contract head lice this year. We are doing our best to prevent a widespread outbreak. Thank you for doing your part to help this happen. _____
