

FORT LONE TREE

HEALTH HISTORY FORM 2010

This form Section A and B (If under 18) must be filled out and returned two weeks prior to Campers arrival. Section A to be filled in by parents or guardian of minors or adult campers/staff members themselves. Section B is to be filled out by a licensed Physician for campers under age of 18. This form may be duplicated or downloaded from www.lonetree.org.

Section A

Date of Camp _____ Date of Birth _____ Age _____ M/F _____ First Time Camper yes no

Name _____ If you are coming with a group, group name: _____

Parent /Guardian: Father _____ Mother _____

Home Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____ Cell _____

Father's phone numbers Work: _____ Cell: _____

Mother's phone numbers Work: _____ Cell: _____

In case of emergency and neither parent can be reached, please notify:

Name: _____ Phone _____ Cell _____ Relationship to camper _____

Family Physician's Name _____ Phone _____

Chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent colds, etc.), current physical, mental or psychological considerations and **list any Allergies** (include food allergies), also list any current medication(s) or current treatment being taken or given.

Camp nurse may administer the following to my child (check if applicable): Pepto Bismol Cough Drops Cough Syrup
 Acetaminophen (Tylenol) Ibuprofen (Motrin) Aspirin (Bayer)

Operations or serious injuries with dates _____

List Swimming or Activity Restrictions _____

Please attach a photocopy of shot record and front and back of Insurance Card (essential in emergencies)

If you or your child should require medical attention while at one of the Lone Tree Camps for injuries received or illnesses contracted prior to coming, please send information necessary to give him/her proper medical service during this time.

In case of emergency, I hereby give permission to the physician selected by the camp director or his staff to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for me or my child as named above. I also hereby give my permission for me or my child to participate in all activities, including but not limited to caving, horseback riding, swimming, water slide, mountain repelling, rock wall climbing, zipline, rifle range, archery, camping or traveling, and hay rides.

I am also responsible for securing transportation for my child from camp, pick up will be supervised and approved by myself or by the designated on-site leader that attends camp with the camper's church or school group.

I agree to assume, as an explicit condition of my or my child's/ward's participation, any all risks, including, but not limited to these enumerated above. **I agree to release, discharge and hold harmless** Lone Tree Inc., it's staff, the sponsoring church or group and its members from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward.

I realize, also, that in the event of illness or injury while attending camp or participating in its activities, medical treatment may be required, I hereby give permission for any such treatment to be rendered, and **I agree to bear the cost of such treatment.** If any changes occur, I will contact the director in writing.

Periodically, photographs, videos, or interviews are taken during the camp session. I acknowledge that by my or my child's/ward's participation in a Lone Tree camp session, I give permission and consent for any such photographs, videotapes or interviews to be used or published to illustrate, report, promote or advertise the camp.

FATHER/GUARDIAN SIGNATURE

DATE

MOTHER/GUARDIAN SIGNATURE

DATE
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SECTION B (to be filled out for all summer campers under age 18)

NAME _____

Health History

(check, if applies. Give approximate dates)

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsion/Epilepsy
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Hypertension/A.D.D.
- _____ Mononucleosis

Disease

(Check, if applies.)

Vaccination

(Give approximate dates.)

- | | | |
|-------|------------------------------------|-------|
| _____ | Hepatitis A (strongly recommended) | _____ |
| _____ | Chicken Pox | _____ |
| _____ | Measles | _____ |
| _____ | German Measles | _____ |
| _____ | Mumps | _____ |
| _____ | DPT | _____ |
| _____ | TD | _____ |
| _____ | Tetanus | _____ |
| _____ | Tuberculin Test | _____ |
| _____ | Influenza B (HIB) | _____ |

Current Treatment for above:

Health Care Recommendations by Licensed Physician— A copy of this year's Sports Physical will be accepted.

I have examined the above camp applicant within the past 24 month's Yes No Date Examined _____

In my opinion, the applicant is physically able to participate in an active camp program. Yes No

List any medically prescribed meal plan or dietary restrictions _____

List any activities to be limited or restricted _____

Current or on-going treatment and/or medications _____

Licensed Physician's Signature _____

Address _____ City _____ State _____ Zip _____

Phone _____ Date form completed _____

Form completed by (If other than Physician) _____