



Medical Information Sheet

Campers may not be admitted to camp without this form completed and signed by parents and/or guardians.

Camper's Name _____ Address _____ City _____ Zip _____

Camper's Social Security No. _____ Birth Date _____ Age _____ Sex _____

Camp Dates _____ Church / Organization _____

Parent's/Guardian Full Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Insurance Co. _____ Name of Insured _____ Policy Number _____

Family Physician _____ Office Phone (____) _____

Please furnish the most recent **DATE** your camper had immunization, booster or infection:

DPT _____ MMR _____ Polio-Oral _____ TB Skin Test _____ Tetanus Shot _____ Other _____

List **ALLERGIES** (Medications, food, environmental, and type of reaction) _____

Any other medical conditions/concerns (e.g., diabetes, asthma, seizures) _____

LIST ANY PRESCRIPTION MEDICATION that your child will need to take while at camp: _____

Please be sure any medication (*both prescription and non-prescription*) your camper brings is in ORIGINAL CONTAINER and that instructions for administration are documented if different than as labeled on container.

Are there any special restrictions for your child? **No / Yes:** _____

Is any special supervision needed? **No / Yes:** _____

List below phone numbers and persons who should be contacted if the camp office is unable to reach parents:

Name _____ Phone _____ Relationship _____

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Camp personnel are on duty at all times to administer first aid and common non-emergency medical treatments. A hospital with emergency room facilities is also available for the camp. Please be specific and thorough about camper's shots and/or medications. **All medication** that needs to be administered to a camper (both prescription and non-prescription) **must be given** to the designated camp personnel and must be in its **original container**, well identified, and have instructions for administration. The leaders of the rental group are responsible for securing any medical care needed by any member of the group while in attendance at Three Mountain Retreat.

I understand the risk of injury that can result from activities and/or services offered at Three Mountain Retreat. In consideration of acceptance for participation in same, I do voluntarily and knowingly execute this release, waiving all claims, action, demands or rights to monetary judgment from Three Mountain Retreat or its staff or the sponsors or staff of _____, for any and all injury, illness or physical harm which arises from his or her attendance at Three Mountain Retreat and/or participation in any program or activity sponsored by or supervised by any of the above named entities.

In case of medical or surgical emergency, I hereby give permission to the physician selected by the rental group leaders to hospitalize, secure necessary treatment and to order injections, anesthesia or surgery as the physician may deem appropriate for my child named above. I agree that any charges for these services are my sole responsibility. In case medical treatment is needed at the local clinic or hospital, I authorize the camp leaders to transport my child in the manner in which their best judgment dictates.

In addition, any photo of me or my dependent taken at Three Mountain Retreat can be used by Three Mountain Retreat for publicity purposes, either on their web site or in printed material.

Date _____ **Parent or Guardian MUST SIGN** _____