

Word of Life Health and Activity Record

Camper Information

Name: , Dates Attending Camp: 2024-02-16 to 2024-02-18
Sex: Date of Birth: Age: Intersect

Parent / Guardian Information

Name: Phone:
Secondary Phone:

Emergency Contact Information

Name: Phone:
Relationship to camper: Secondary Phone:

Church / Group Information (if applicable)

Name of Church / Group: Christian Life Center

Insurance Information

Insurance Subscriber's Name:
Insurance Subscriber's Date of Birth:

Confidential Personal Health History Report

ALLERGIES: None

MEDICAL / SURGICAL HISTORY

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma / wheezing | <input type="checkbox"/> Yes <input type="checkbox"/> No Recent injury |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No Surgery or hospitalization |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Seizure disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No Recurrent/chronic illnesses |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Back / joint problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Recent infectious disease |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Fainting or dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No Frequent headaches |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Passed out / chest pain during exercise | <input type="checkbox"/> Yes <input type="checkbox"/> No Glasses / contacts / protective eyewear |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ADD / ADHD | <input type="checkbox"/> Yes <input type="checkbox"/> No Mental / Emotional Treatment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Special Needs or Physical Limitations | <input type="checkbox"/> Yes <input type="checkbox"/> No Activity Restrictions |

PRIMARY CARE PROVIDER:

Phone:

IMMUNIZATIONS

MENINGITIS: Please read the attached meningitis information and select the appropriate response:

- My child has had the meningococcal meningitis immunization within the past 10 years (see date above).
- I (my child has) read, or have had explained to me information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease. Check here if child not old enough to receive vaccine (first dose recommended age 11-12).

SUNSCREEN

- My child has my permission to carry and use sunscreen at camp
- My child does not have my permission to use sunscreen.

Medications - provided by Word of Life

The following medications are available at the Word of Life Health Center. Please indicate whether your child has your permission to take the following medications:

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Acetaminopen (Tylenol) | <input type="checkbox"/> Yes <input type="checkbox"/> No Guaifenesin (Mucinex, Tussin) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Ibuprofen (Advil, Motrin) | <input type="checkbox"/> Yes <input type="checkbox"/> No Dextromethopphan (Delsym) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Diphenhydramine (Benadryl) | <input type="checkbox"/> Yes <input type="checkbox"/> No Phenylephrine (decongestant) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Calcium Carbonate (Tums) | <input type="checkbox"/> Yes <input type="checkbox"/> No Hydrocortisone cream 1% |

Yes No Bismuth subsalicylate (Pepto Bismol)

Response and Consent

The health and immunization history is correct so far as I know. My son/daughter has permission to engage in all prescribed camp activities which may include, but are not limited to, horseback riding, water sports, water skiing, skate park (if applicable), except as noted by me, and has permission to leave the camp grounds for camp-related outings and purposes. I hereby give my permission to release information to designated youth leader with my child during this week of camp. I hereby give my permission to the medical personnel selected by the health center to order x-rays, routine tests and treatment for my son/daughter. In the event of an emergency, or if I cannot be reached, I hereby give permission to the physician selected by the health center to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. I understand that I am financially responsible for all medical cost(s) incurred while my child is at camp. My child has my permission to take all of the medication listed above.

Assumption of Risk

I acknowledge that participation in Word of Life Camps involves risk to the Participant (and to the Participant's parents or guardians, if Participant is a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration of the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity.

The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers or any other representatives (collectively referred to hereinafter as the "Word of Life Camps").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend and hold harmless Word of Life Camps for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/ guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and Word of Life Camps cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I also give permission for Word of Life to use my son/daughter's picture for advertising purposes in Word of Life's print publications, website and audiovisual presentations.

Parent / Guardian:

Date: