

HOTM HEALTH FORM & CONSENT 2017

Please fully complete all answers. Write N/A if not applicable.



LAST NAME: _____ FIRST NAME: _____

HEALTH PROFILE

ANAPHYLACTIC ALLERGIES

*Does the camper have any anaphylactic (life-threatening) allergies? YES, NO

If yes, please list the anaphylactic allergy:

*Type of auto-injector:

EPIPEN® ADULT JUNIOR // ALLERJECT® ADULT JUNIOR

Date of last anaphylactic reaction: ____/____/____ (d/m/y)

ALL OTHER ALLERGIES (please ✓ all that apply):

- NUTS DAIRY DRUGS/MEDICATION INSECTS ANIMALS
- ENVIRONMENTAL (E.G. HAY FEVER) LATEX (BALLOONS, BAND-AIDS)
- OTHER, please list:

CONTRACTED ILLNESSES (please ✓ all that apply & list year contracted):

- CHICKEN POX _____ RHEUMATIC FEVER _____
- TUBERCULOSIS _____ HEPATITIS _____
- WHOOPING COUGH _____ MUMPS _____
- MEASLES, GERMAN (RUBELLA) _____ MEASLES, RED _____

DIETARY REQUIREMENTS

The camp kitchen can adjust meals to meet some general diet restrictions. If a camper has severe restrictions or strong dislikes, we suggest that they be sent with a portion of their meals.

Will this camper require adjustments to lunches and snacks? YES, NO

If yes, you will be contacted by one of our team to obtain details.

EMOTIONAL, SOCIAL & MENTAL HEALTH NOTES

Note: Answers to these questions will assist us in making your camper's stay at camp safe and successful.

If you require more space for specifications, please attach another page.

Are there any concerns the camp should be aware of to make the camp week successful? eg. ADD etc.

HEALTH HISTORY



If camper has had or has any of the following, please check (✓)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> ANXIETY | <input type="checkbox"/> BOWEL ISSUES | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> EAR INFECTIONS | <input type="checkbox"/> NOSE BLEEDS | <input type="checkbox"/> MIGRAINES |
| <input type="checkbox"/> FAINTING EPISODES | | |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> BRONCHITIS | <input type="checkbox"/> DEPRESSION |
| <input type="checkbox"/> HEAD LICE (within the last year) | | <input type="checkbox"/> HAY FEVER |
| <input type="checkbox"/> SUN SENSITIVITY | <input type="checkbox"/> CONCUSSION: ____/____/____ (D/M/Y) | |
| <input type="checkbox"/> SEIZURES: ____/____/____ (D/M/Y) | | |
| <input type="checkbox"/> STOMACH ACHES – SEVERE/FREQUENT | | <input type="checkbox"/> EYE GLASSES |
| <input type="checkbox"/> CONTACT LENSES | <input type="checkbox"/> SIGHT/VISION DIFFICULTIES | |

MEDICATIONS

1. Will the camper be bringing any medications that need to be taken throughout the day? If so, please use the chart below. All meds brought must be in the original container. They will be given to the nurse at sign-in and kept in the first aid center.

| Name of Medication/Treatment | Dose | Method Med Taken By | Time(s) taken each day | Reason for taking | Special Instructions |
|-------------------------------|-----------------------------|---------------------------|----------------------------|--------------------------|-----------------------|
| <i>E.g. Epipen, Risperdal</i> | <i>E.g. 2 puffs inhaler</i> | <i>E.g. mouth, g-tube</i> | <i>E.g. as needed, 8am</i> | <i>E.g. Asthma, ADHD</i> | <i>E.g. with food</i> |
| | | | | | |
| | | | | | |
| | | | | | |

2. **IMMUNIZATIONS:** We have chosen **NOT** to immunize our camper: YES

3. The nurse may need to administer over the counter medicines in the event of a small injury. Please indicate your permission for any of the following.

ADVIL YES NO

ANTACID (TUMS.MAALOX) YES NO

TYLENOL YES NO

COUGH MEDICINE YES NO

POLYSPORIN YES NO

THROAT LOZENGES YES NO

ANTIHISTAMINE YES NO

INFORMED PARENT CONSENT FOR PARTICIPATION AT HOTM



1. **Address Permission:** I give my consent for my child's address to be given to the huddle leader so that they may contact my child after camp with a birthday card/Christmas card/etc. YES NO
Stayner Churches offering youth programs: Our Stayner area churches offer excellent programming in the fall through spring season. They would like to send a reminder notice to your email with info about the start-up of clubs and programs for youth. YES NO
2. The Directors have the right to dismiss any camper who is in his/her opinion a hazard to the safety or rights of others or who appears to have rejected the reasonable expectations of the camp.
3. There will be no reduction or refund of camp fees for campers arriving late, leaving early, or who are expelled due to disciplinary action.
4. The parent/guardian agrees to reimburse the camp for any property damage caused by the camper.
5. I confirm that all information in the health form is accurate. All over the counter meds and RX will be given to the camp nurse.

Initial the following sections to indicate you have read and agree.

6. _____ **Release of Liability:** I give my consent for this camper to participate in the activities of a mixed sports day camp. While every precaution is taken for their safety and good health, some activities do carry with them the inherent risk of personal injury beyond the risks associated with traditional recreational activities. I/We understand these risks and accept them. I agree that by allowing my child to participate, the potential for injury is present.
7. _____ **Medical Release:** I authorize camp personnel to handle medical emergencies with my camper during their stay at camp. Every reasonable effort will be made to first contact the parent/guardian listed and permission is hereby given to the physician to provide proper treatment. The parent/guardian is responsible for any extra expense that may result. *In case of injury requiring medical care, the first call is to the parent/guardian. HOTM Staff will not transport campers to medical centers/hospitals.*
8. _____ **Permission to Teach:** I understand that HOTM is a Christian faith-based day camp and that Biblical values and doctrines will be taught.
9. _____ **Medial Release:** YES NO. I give permission for my child to be photographed, videotaped for promotional reason. Photos or videos or comments will not be given to any other source without your permission. If you DO NOT permit photographs of your child please attach a picture to this application for our files and picture editor to note.
10. _____ **Waiver:** I agree to indemnify and hold blameless Evergreen Christian Ministries, its staff, its directors and board and the medical personnel representing the camp from and against any loss, damage, or injury suffered by the camper as a result of being a participant in the normal activities of Heroes on the Move Day Camp. This consent is valid only for the time period July 10-22, 2017

I am the parent/guardian of _____ and I declare that all of the information contained in this application is correct to the best of my knowledge. As parent/guardian, I certify that I have read and accept all of the above conditions. Application cannot be accepted without signature.

Signature of Parent/Guardian: _____ *Date:* _____

Printed Name: _____