

# HOTM HEALTH & CONSENT FORM 2019



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

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_

*(Please include a photocopy of the health card, FRONT and BACK for overnight campers)*

## CHECK CAMP SESSION ATTENDING:

- Overnight: July 7-13,  Sports Day Camp: July 8-12,  Arts Day Camp: July 15-19  
 The Quest Day Camp: July 22-26

## 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, BANDAIDS)  
 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

*If yes, please attach a separate page with details.*

Are there any concerns the camp should be aware of to make your child's week successful?

eg. ADD, etc.  YES  NO

## 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. Is your child's immunization up to date?     YES     NO

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

# HOTM HEALTH & CONSENT FORM 2019



Camper Name: \_\_\_\_\_

## INFORMED PARENT CONSENT FOR PARTICIPATION AT HOTM

- 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
- 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.
- There will be no reduction or refund of camp fees for campers arriving late, leaving early, or who are expelled due to disciplinary action.
- The parent/guardian agrees to reimburse the camp for any property damage caused by the camper.
- 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.*

- \_\_\_\_\_ **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.
- \_\_\_\_\_ **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.*
- \_\_\_\_\_ **Permission to Teach:** I understand that HOTM is a Christian faith-based day camp and that Biblical values and doctrines will be taught.
- \_\_\_\_\_ **Medial Release:** **YES**, I give permission for my child to be photographed and/or videotaped for promotional reasons. If you DO NOT permit photographs of your child please attach a picture to this application for our files and picture editor to note.
- \_\_\_\_\_ **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 Camp. This consent is valid only for the time period July 7-26, 2019

**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: \_\_\_\_\_