

# CAMP HORIZON - HEALTH STATEMENT

The proposed activity provided by Great Plains United Methodist Camp Inc. DBA Camp Horizon requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

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

Name of Physician \_\_\_\_\_

Physician's Ph. \_\_\_\_\_

Date of last physical exam (must be within the last 12 months) : \_\_\_\_\_

In an emergency notify: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Ph. \_\_\_\_\_

City,ST,Zip \_\_\_\_\_

Cell Ph. \_\_\_\_\_

Work Address \_\_\_\_\_

Work Ph. \_\_\_\_\_

City,ST,Zip \_\_\_\_\_

**HEALTH HISTORY:** (Circle the appropriate answer and describe any **YES** answers.)

(NOTE: If you have had any heart related problems you will need to have a release from a physician)

Have you had or do you currently have any heart problems (dates): \_\_\_\_\_ YES NO

Do you frequently suffer from pains in your chest: \_\_\_\_\_ YES NO

Do you often feel faint or have spells of severe dizziness: \_\_\_\_\_ YES NO

Has a doctor ever told you that you have high blood pressure: \_\_\_\_\_ YES NO

Do you have arthritis joint or back problems that might be aggravated by exercise: \_\_\_\_\_ YES NO

Have you had any operations or serious injuries (dates): \_\_\_\_\_ YES NO

Do you have any disabilities or chronic recurring illness or communicable diseases: \_\_\_\_\_ YES NO

Are there any activities to be limited/discouraged by physician's advice: \_\_\_\_\_ YES NO

Are you allergic to any medicines, insects or pollen: \_\_\_\_\_ YES NO

Do you have Epilepsy: \_\_\_\_\_ YES NO

Do you have Diabetes: \_\_\_\_\_ YES NO

Do you have any dietary restrictions: \_\_\_\_\_ YES NO

Do you carry family medical/hospital insurance: \_\_\_\_\_ YES NO

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Suggestions or health related information for Horizon personnel: \_\_\_\_\_

General Health Statement: \_\_\_\_\_

## REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course activities. I hereby give permission to the medical personnel selected by Camp Horizon to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if Camp Horizon, or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Signature or Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_