



Camper Name: _____

Camp Session: _____

Health Information & Activities Permission Form
124 Pendry Drive, Laurel Springs, NC 28644 1-888-831-5922 laurel_ridge@skybest.com

Personal Information:

Camper Address _____

Camper Date of Birth _____

Parent/Guardian Name : _____

Phone: Day _____ Cell _____

Other Emergency Contact: _____

Phone: _____

Camper's Personal Insurance Information:

Carrier/Plan Name _____

Group # _____

Insured Name: _____

SS# or Ins ID # _____

Carrier Address _____

* Camper Insurance issued through Laurel Ridge covers accidental injuries sustained while at camp. Camper Insurance covers all costs up to the \$3,000.00 per camper limit. If treatment expenses should exceed this amount, the remaining cost will be placed on the camper's personal insurance. Camper Insurance does not cover illnesses.

Authorizations/Permissions (please check):

I hereby give permission to the health professional selected by the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named above. I understand the information on this form will be shared on a "need to know" basis with camp staff.

The camper has permission to leave camp property with authorized camp personnel to participate in off-site activities such as canoeing, caving, hiking, overnight camping. In addition, this form may be copied for such trips

At each camp, a group photo is taken weekly. The camper above has permission to have his/her picture taken with the group.

Sometimes photos are taken of youth at camp and used for Laurel Ridge promotional purposes. Laurel Ridge has permission to take & use photos of the above camper for Laurel Ridge promotional purposes.

This camper can participate in all programs and activities of the camp without restrictions

Allergy Information:

Does camper have allergies? ___yes ___no?

If yes, please list all allergies (food, medicine, asthma, bees stings, etc...). _____

___ Camper has never been stung by a bee, so we are unsure if he/she is allergic.

Please describe any restrictions (dietary, no running, no swimming, etc...) _____
Or other information you feel to be important. _____

Medication: This camper will not take any daily medication while attending camp.

If your camper will be taking any type of medication, including vitamins & natural remedies:

- be sure camper name, medication name & how medication is to be given is clearly marked on container(s).
- bring prescription medicines in the original pharmacy containers with directions & dosage label.
- please bring only the amount of each medication the camper will need at camp.
- fill out medication form below.

Name of Medication	Reason for taking	Dosage	How given	When is it given				
				Breakfast	Lunch	Dinner	Bedtime	Other

Are there any medications that the camper should NOT be given? This includes any pain relievers, cough medicines, aloe, antihistamines, antibiotic cream, band-aids, etc... **Please list all that apply.**

I certify that my child is up-to-date on all required immunizations. I relieve Laurel Ridge of any responsibility for issues which may arise should this information be false. Please attach a copy of your child's immunization records. Make sure that this includes your child's last tetanus shot.

General Health History: Please circle the answer to these questions and explain any "yes" answers in the space below:

- | | | | | | |
|---|-----|----|--|-----|----|
| Has/does the camper: | | | have fainting or dizziness?..... | yes | no |
| ever been hospitalized?..... | yes | no | passed out/had chest pain during exercise?..... | yes | no |
| ever had surgery?..... | yes | no | had mononucleosis during the past 12 months?. | yes | no |
| have recurrent/chronic illnesses?..... | yes | no | if female, have problems with menstruation?..... | yes | no |
| had a recent infectious disease?..... | yes | no | have problems with falling asleep/sleepwalking? | yes | no |
| had a recent injury?..... | yes | no | have back/joint problems?..... | yes | no |
| have asthma/wheezing/shortness of breath?.. | yes | no | have bedwetting problems?..... | yes | no |
| have diabetes?..... | yes | no | have problems with diarrhea/constipation?..... | yes | no |
| have headaches?..... | yes | no | have skin problems?..... | yes | no |
| | | | | | |
| ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?..... | | | | yes | no |
| ever been treated for emotional or behavioral difficulties or an eating disorder?..... | | | | yes | no |
| seen a professional to address mental/emotional health concerns in the past 12 months?..... | | | | yes | no |
| had a significant life event that continues to affect the camper's life? (abuse, death of a loved one, family changes?) | | | | yes | no |

Please explain any "yes" answers on the back of this sheet.

"This health history is correct and accurately reflects the health status of the camper to whom it pertains."

Signature of Custodial Parent or Guardian

Date

IMPORTANT: IF STAFF OR CAMPERS DO NOT HAVE IMMUNIZATIONS AND PARENTS OR GUARDIANS DECLINE TO SIGN THE PERMISSION -TO-TREAT SECTION DUE TO RELIGIOUS OR OTHER REASONS, CAMPERS OR STAFF MUST SUBMIT A SIGNED "WAIVER, REFUSAL & EMERGENCY INFORMATION FORM" TO PARTICIPATE IN THE CAMP SESSION. PARENTS OR GUARDIANS MUST CONTACT THE LAUREL RIDGE REGISTRAR TO RECEIVE THE AFOREMENTIONED FORM.