

2012 Intergenerational Handbell Camp Medical Form

Please print, and mail to **Chuck Ford 2231 SW Wall Street Blue Springs, MO 64015**

send in with registration

ALL CAMPERS:

Name (Last) _____ (First) _____

Female ___ Male ___ Age _____ Date of Birth _____ - _____ - _____

Grade Completed in 2012 _____ SS# _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Phone# (Home) _____ Phone# (Work) _____ Cell Phone# _____

Insurance Provider _____

Policy Holder _____ Group# _____ ID# _____

Physician's Name _____

Physician's Phone# _____ (Please Check One) Private Practice ___ Clinic ___

Allergies _____

Medical Conditions _____

Medications currently taking (with dosage and times per day)

*All medications brought to camp must be brought in the original bottle or packaging.

Please complete the following if camper is less than 18 years of age:

I hereby affirm that I (please print): _____ am the parent or legal guardian of the above named camper and I am authorized to execute this medical consent form in behalf of said camper.

Signed Parent or Guardian _____

ALL CAMPERS: Alternate person to notify in case of emergency (should not be in same household):

Name: _____ Relationship to camper _____

Phone # (Home) _____ Phone #(Work) _____

Cell# _____

See next page : Campers Under 18 - Medical Form

The Immunization & Medical Form - Must be completed

CAMPERS UNDER 18

Are immunizations current? (Please Check One) Yes_____ No_____

(Parent /Guardian must be able to supply current immunization records and boosters. If a copy is unavailable, list dates of immunizations and boosters in spaces below.)

Immunizations (Dates):

DPT Series_____Booster_____

Tetanus Booster_____ Polio Series_____ Booster_____

Is the camper in general good health and able to participate in all normal camp activities?

Yes_____ No_____ (if no please explain)_____

Your frankness about any physical or emotional disability will help Handbell Camp staff and leaders work more effectively with your child. Please notify Handbell Camp if the camper is exposed to any communicable disease during the three-week period prior to camp attendance. In signing this application, I hereby certify that the above information is correct and give permission for the release of medical records in case of illness or accident.

In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by Camp Heartland Director/Handbell Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named below.

I give my child permission to participate in all camp activities including challenge course – both high ropes and low ropes appropriate to my child’s age as well as horseback riding and swimming. I understand that Camp Heartland trains their staff and inspects their equipment and stock regularly to reduce risk. I understand there are still inherent risks with all camp activities. I release Camp Heartland, all its employees and all Handbell Camp staff from any liability related to my child’s participation in camp activities. Participating in the challenge course may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur. Under Missouri Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised Statutes of Missouri.

I give permission for Camp Heartland and/or Handbell Camp staff to administer the following over-the-counter drugs or their equivalent (in accordance with product labeling) to my son/daughter if deemed necessary by the Camp Heartland Health Care Manager or Handbell Camp Director: Children’s Tylenol, Children’s Pepto-Bismol, Ibuprofen, Benadryl, Cough/Throat Spray, Eye Drops/Visine, and Swimmer’s Ear Drops.

I agree to allow my child (or myself) to have his/her picture taken and those pictures to be used in Camp Heartland or Handbell Camp publicity. My child agrees to follow all camp rules & expectations and I will arrange transportation home at any time for my child if camp director requires it due to behavior or illness.

Signature of Parent/Guardian_____ Date_____

* please fill out form above and mail in with registration*