

# CAMPER PACK



AT IDYLLWILD PINES CAMP and CONFERENCE CENTER

[www.idyllwildpines.org](http://www.idyllwildpines.org)

[www.summitleadershipcamp.org](http://www.summitleadershipcamp.org)

# Summit Leadership Camp T&T

**June 13 – June 17, 2021**

Websites: [www.idyllwildpines.org](http://www.idyllwildpines.org)

[www.summitleadershipcamp.org](http://www.summitleadershipcamp.org)

Camp Directors: [Sophie Belanger \(ejndzel@hotmail.com\)](mailto:ejndzel@hotmail.com) / [Dorian Houser \(info@summitevents.org\)](mailto:info@summitevents.org)

Dear Camper,

Summit Leadership Camp at Idyllwild Pines Christian Camps is coming this June! It will be a great time of fun and fellowship for your T&T clubbers.

The four-day camp at Idyllwild Pines Christian Camp provides an opportunity for young AWANA students to experience intense spiritual growth, exciting fun, great food, fabulous friends, dedicated counselors, and adventures! Campers will be memorizing verses from God's Word, be involved in daily Bible lessons, take part in evening devotions with their cabin mates, and compete with their team in some crazy activities!

Summit Leadership Camp T&T is for Awana clubbers who will be **entering** 4th through 6th grades in the Fall.

## THE COST

The cost of camp this year will be **\$300.00** per student. Applications must be postmarked by you or your Camp Coordinator by **May 15, 2021**. Please adhere to the deadline as ample time must be had to ensure preparation for the correct number of people.

- **Checks should be made out to "Summit Games and Bible Quiz."**
- Mail your application and payment(s) to the to: **Summit Games and Bible Quiz, 23057 Covello Street, West Hills, CA 91307**

The camp fees cover four days of camp, all meals, and activities. Many campers bring extra money for the snacks shack and missions offering.

## REQUIRED FORMS

The following items make up a complete application:

- Registration Form - completed and legibly signed and dated by each required person
- Dress and Behavior Code Form – signed by both camper and parent
- Idyllwild Medical & Liability Release Form - completed and signed
- Summit Leadership Camp Release form - completed and signed
- **Photocopy of insurance card - front & back onto 8.5"x 11" paper**
- Application fee of \$300.00 made payable to "Summit Games & Bible Quiz"

Note: In case of camp cancellation, application fees will be refunded. The fee is otherwise non-refundable.

<b>CAMP FEES SUMMARY</b>	
<b>Required Forms:</b> Request Additional Forms: <a href="mailto:info@summitevents.com">info@summitevents.com</a> <a href="http://www.summitleadershipcamp.org">www.summitleadershipcamp.org</a>	
Completed Application and Dress Code Policy	<b>May 15th</b>
Registration Fee of \$300.00	<b>Due with application</b>

**If a reservation is cancelled, the applicant forfeits the registration fee or a replacement camper may take their place.** Please understand that Summit Leadership Camp T&T is not equipped to handle special physical, emotional, or educational needs. All such circumstances need to be discussed with the Camp Coordinator prior to applying.

## IMPORTANT INFORMATION FOR CAMPERS WITH ALLERGIES OR ASTHMA AT SLC T&T

- 1) The RN's recommend that campers who use an "as needed" inhaler carry with them on their person. We have them put their own initials on it. **They will need to check it in with us at check in and then they are allowed to keep it with them. They need to let us know if they are using it more than normal or if they are having any breathing difficulties.**
  
- 2) There is no ER or Urgent Care in Idyllwild. If it becomes necessary we will either transport a camper to Hemet Hospital or call 911 in the case of a true emergency.
  
- 3) **WE DO NOT HAVE ACCESS TO AN EPI PEN UNLESS YOUR CHILD PROVIDES IT. THEY MUST CHECK THE EPI PEN IN WITH US FIRST AND THEN THEY WILL BE ALLOWED TO CARRY IT WITH THEM. IT IS VERY IMPORTANT THAT THEY TELL US IF THEY HAVE AN EPI PEN OTHERWISE WE WILL HAVE NO IDEA IF A PROBLEM ARISES AND THEY NEED TO USE IT!!**  
*THE EPI PEN MUST HAVE A PHARMACY LABEL ON IT.*
  
- 4) Campers with asthma and allergies at SWLC need for the most part to be self-managers and have the ability to know when they need their medication or when they need to change their activity level to avoid major difficulties with their allergies or asthma. We are more than happy to assist.

# Summit Leadership Camp T&T

## REGISTRATION FORM/CAMPER APPLICATION

(Please use a pen and print clearly)

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: (at camp) \_\_\_\_\_

Name on name tag button if different from above (subject to approval): \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Hm Ph: \_\_\_\_\_ Cell Ph \_\_\_\_\_

Parent Email: \_\_\_\_\_

Camper Email (if any): \_\_\_\_\_

Youth Shirt Size:(Please circle) S M L XL 2XL 3XL Grade in Fall 2021:(Please circle) 4 5 6

List ONE roommate preference in your grade level - use full name: \_\_\_\_\_ friend's church \_\_\_\_\_

If accepted to attend Summit Leadership Camp, I will complete my daily lessons, verses and review. I promise to obey the camp staff, the camp rules, and the camp dress code. I fully understand that if I disobey, I will be sent home and that my parent/guardian will be required to pick me up. I also understand that if I am sent home, I will not be allowed to return next year.

Camper's Signature (required for acceptance): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (required for acceptance): \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed by AWANA DIRECTOR

Awana Church Name: \_\_\_\_\_ Awana Charter Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Name of Handbook/s completed this year (not required for attending camp): \_\_\_\_\_

**I confirm that this applicant has met the eligibility requirements and recommend him/her for this year's Summit Leadership Camp. I further confirm that the applicant and the applicant's family have completed this application and have provided all necessary signatures and information, and that I have not signed on behalf of the applicant or parents/guardians unless the applicant is my child.**

Awana Director's Printed Name: \_\_\_\_\_ Awana Director's Signature: \_\_\_\_\_

Awana Director's Phone Number: \_\_\_\_\_ Awana Director's Email: \_\_\_\_\_

**This section must be completed before acceptance will be considered.**

### To Be Completed by CAMP COORDINATOR (if used by your AWANA Club)

Camp Coordinator's Printed Name: \_\_\_\_\_ Camp Coordinator's Signature: \_\_\_\_\_

Camp Coordinator's Phone Number: \_\_\_\_\_ Camp Coordinator's E-mail: \_\_\_\_\_

**We recommend that you keep a copy of this application for your records.**

# Summit Leadership Camp T&T

## CONSENT AND RELEASE OF LIABILITY FORM

(Please use a pen and print clearly)

**THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.**

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand and agree that participation at Summit Leadership Camp T&T is a privilege to which my child is not otherwise entitled. In consideration for that privilege, I am signing this Consent and Release of Liability for my underage child.

### **Release of Liability**

Prior to participation in Camp activities, I acknowledge that my child's involvement in the Camp may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Consent and Release of Liability, I warrant that my child is fully capable of safely participating in all Camp activities, and I expressly assume all risks of his/her participation, whether such risks are known or unknown to me at this time. I further generally release Summit Leadership Camp and their directors, officers, employees, volunteers, and agents, and other guests at the Camp, from any and all claims that I may have against any of them as a result of property damage or personal injury, illness or death as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of my child, me, and the heirs, family, estate, administrators, executors, personal representatives and assignees of me.

The undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that he/she, and/or the minor participant, may be exposed to or infected by COVID-19 by attending Summit Leadership Camp sponsored camp and activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Summit Leadership Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or and other infectious diseases. I, as the legal guardian for myself or on behalf of the minor participant, understand that the risk of becoming exposed to or infected by COVID-19 at Summit Leadership Camp may result from the actions, omissions, or negligence of myself, the minor participant, and others, including, but not limited to, Summit Leadership Camp staff, counselors, and other participants and their families.

### **Other Releases and Acknowledgements**

I understand that, while my child is participating in Camp activities, photographs, film, audio recordings and videotape of him/her may be taken for use in brochures, videos, releases to the press, and various Idyllwild Pines publications and other work product. I do hereby irrevocably grant Summit Leadership Camp permission to record, display and/or reproduce my child's name (first & last,) likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

I do also hereby understand that most counselors/staff serving with Summit Leadership Camp are considered mandated reporters and are bound by the California Code to report any statements that a child may make regarding any and all physical or sexual abuse which they may have suffered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone



## Participant Release of Liability Agreement

**Name of Participant:** (Print clearly) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

In consideration for permitting participation in Idyllwild Pines Camp and Conference Center sponsored courses and activities, I, as the legal guardian for myself or on behalf of the minor participant, hereby represent, acknowledge and agree as follows:

### **Acknowledgement and Assumption of Risks:**

It is acknowledged that there are certain risks and dangers in participating in activities conducted in either indoor or the outdoor setting, which cannot be eliminated without destroying the unique character of the activities. Exposure to natural elements such as extreme or inclement weather cannot be controlled and may be harmful. Injuries can occur from natural hazards including, wild animals, insects, reptiles, toxic plants, loose or falling rocks, sharp rock edges, wood splinters, falling trees, steep slopes, rugged terrain, flooding, ice and snow.

Individuals who participate in any camp activity or are using the challenge course will climb high rock walls, trees, ropes and wires, while attached to a rope protection system and wearing a helmet. While participating in these activities, the participant may slip or fall, which can lead to minor injuries or in extreme cases, more serious injuries, including permanent disability, trauma or death. The participant could experience vertigo or other mental impairment brought on by exposure to heights or fear of falling.

It is acknowledged that decisions made by the instructors and participants in a wilderness setting, based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgments. Lapses of judgment or the careless conduct of other participants may cause the participant injury.

The undersigned represents that he/she, and/or the minor participant, is in good health and in the proper physical condition to participate in the Activities. Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include, but are not limited to: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as broken bones, strains, joint or back injury, and concussions; and 3) catastrophic injuries including paralysis and death. The undersigned fully understands that the risks involved may be caused by his/her or the minor participant's own actions, those of other participants, the conditions in which the Activities take place, or the negligence of the Releasees named in this Agreement. Further, it is understood that there may be other risk either not known to myself or the minor participant or not readily foreseeable at this time. I, as the legal guardian for myself or on behalf of the minor participant, fully accept and assume all such risks and all responsibilities for losses, costs, and damages incurred as a result of participation in the Activities.

The undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that he/she, and/or the minor participant, may be exposed to or infected by COVID-19 by attending the Idyllwild Pines Camp and Conference Center sponsored courses and activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Idyllwild Pines Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or other infectious diseases. I, as the legal guardian for myself or on behalf of the minor participant, understand that the risk of becoming exposed to or infected by COVID-19 at Idyllwild Pines Camp and Conference Center may result from the actions, omissions, or negligence of myself, the minor participant, and others, including, but not limited to, Idyllwild Pines Camp and Conference Center employees, volunteers, and other participants and their families.

### **Release and Indemnity:**

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or the minor participant (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or the minor participant may experience or incur in connection with my and/or the minor participant's attendance at Idyllwild Pines Camp and Conference Center or participation in the Activities.

On behalf of myself and/or the minor participant, I hereby release, hold harmless and agree not to sue Idyllwild Pines, its respective directors, officers, employees, representatives, affiliates, volunteers, agents, contractors, and, if applicable, owners or lessors of premises on which the Activities take place ("Releasees"). With respect to any and all claims of injury, disability, death or other liabilities and loss of damage to person or property, asserted by or on behalf of participant or by parents or guardians, resulting directly or indirectly, from participating in Activities or the use of its equipment or facilities.

This release includes injury, loss or damage caused or claimed to be caused in whole or in part by the negligence of Idyllwild Pines and its agents. It is understood that in signing this document, rights are surrendered to make any claim or file a lawsuit against Idyllwild Pines and/or agents for personal injury, property damage, wrongful death, breach of warranty or contract, or under any other legal theory, except in cases in intentional wrongs or the gross negligence of Idyllwild Pines and/or its agents. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Idyllwild Pines and/or its agents, whether a COVID-19 infection occurs before, during, or after participation in the Activities.

**Medical Waiver:** In the event of injury or illness while I and/or the minor participant is engaged in any Activities, the undersigned hereby authorizes Idyllwild Pines Camp and Conference Center to consent to medical treatment on behalf of myself and/or the minor participant as deemed necessary. The undersigned hereby authorizes Idyllwild Pines Camp and Conference Center and its officers, employees and agents, into whose care myself and/or the minor participant has been entrusted, to consent to the advice of trained emergency personnel. The undersigned understands and agrees that he/she and/or the minor participant is advised to obtain health insurance coverage prior to participation in any Activity and that he/she and/or the minor participant will be responsible for any medical expenses arising out of any injury or claim arising out of Activity participation.

This release shall be binding to the fullest extent permitted by law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable. This agreement will be interpreted and construed according to the laws of the State of California, and in the event of any legal action relating to this agreement or any of the subject matter covered by it, such legal action will be initiated, maintained and decided only in Riverside County, California.

The participant, and the parent(s) or guardian of a minor participant, have each read this document, had the opportunity to ask questions, and understand and voluntarily agree to its terms, which shall be binding upon them, their heirs, estate, executors and administrators. The parent or guardian confirms that they have the authority to make this commitment. The undersigned fully understands that with this assumption of risk, release and waiver of liability and indemnity agreement, that the undersigned is giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that he/she is signing this agreement freely and voluntarily.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

In the event of an emergency, if family physician cannot be reached, I hereby authorize myself or my child to be treated by Certified Emergency Personnel.

Signature of Parent/Guardian or Participant \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_

**Photo and Video Release**

I give Idyllwild Pines Camp permission for any photos or videos taken of myself/child for the duration of the stay to be used at Idyllwild Pines camp's discretion in any of their promotional venues.

Signature of Parent/Guardian or Participant \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_



ESTABLISHED 1923

**EXPERIENCING RENEWAL | DISCOVERING TRUTH | TRANSFORMING LIVES**

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Dates will attend camp: from **JUNE 13 2021** TO **JUNE 17, 2021**  
Month/Day/Year Month/Day/Year



Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

**To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.**

- 1) Complete **pages 1, 2 and 3** of this form (FORM 1) and **make a copy.**
- 2) Send **ALL original signed FORMS** along with camp registration pages and a copy of child's medical insurance card (both sides)

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: ( ) ( )  
Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: ( ) ( )  
Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: ( ) ( )

**Allergies:**  No known allergies.  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other

**PLEASE CHECK IF YOUR CHILD WILL HAVE AN EPI-PEN AT CAMP**

*(Please describe below what the camper is allergic to and the reaction seen.)*

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  This camper is lactose intolerant.  This camper is gluten intolerant.  Other, **please explain in space.**

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

**Medical Insurance Information:**

This camper is covered by family medical/hospital insurance  Yes  No

**Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number ( ) \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.**

# CAMPER HEALTH HISTORY FORM 1

Camper Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

**Immunization History:** Provide the month and year for each immunization. Starred (\*) immunizations must include date to meet ACA Standard. **Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.**

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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**If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.**

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Medication:**  This camper will not take any medications, inhalers or epi-pens while attending camp.  
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

**Cross out those the camper should not be given.**

- |                         |  |
|-------------------------|--|
| Tylenol                 | Zyrtec                                   |
| Motrin                  | Calamine lotion                          |
| Benadryl                | Lice shampoo or cream (Nix or Eliminate) |
| Delsym cough medication | Neosporin antibiotic ointment            |
| Tums                    | Aloe Vera Gel (plain)                    |
| Halls cough drops       | Aloe gel with Lidocaine                  |
| Cepacol Lozenges        | Icy hot gel                              |

**\*\*PLEASE DO NOT SEND ANY OVER THE COUNTER MEDICINES UNLESS IT IS NOT ON THIS LIST\*\***

# CAMPER HEALTH HISTORY FORM 1

Camper Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |  |  |  |  |
|--|--|--|--|
| 1. Ever been hospitalized? .....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? .....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? .....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? .....           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? .....               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? .....                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? .....      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?.....         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?.....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?.....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? .....                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?.....             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?.....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?.....    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.*

**Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

- |  |  |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....<br>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.*

**Health-Care Providers:**

Name of camper's primary doctor(s): _____	Phone: (_____) _____
Name of dentist(s): _____	Phone: (_____) _____
Name of orthodontist(s): _____	Phone: (_____) _____

**What Have We Forgotten to Ask?** *Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.*

*Keep a copy for your records.*