

Initial _____
Last Name _____

Real People • Real Connections • Solid Ground



2016 Health and Waiver

Please return completed form to:
Westminster Woods, Ministries Department
 6510 Bohemian Hwy, Occidental, CA 95465
 Phone 707-874-2426 Fax 707-874-9129
www.westminsterwoods.org

Camper Information – Please complete a separate form for each camper

Camper First Name _____ Camper Last Name _____ Camper Birth Date ____/____/____
 Gender: F M Grade (circle one): 2 3 4 5 6 7 8 9 10 11 12

Camper Health Information – Provide insurance and physician information

Health information is mandatory for all participants and is required to complete your registration. Westminster Woods has a registered nurse on duty during all summer camp programs. The information provided will allow us to serve you and/or your child effectively when injuries or health problems occur. All information provided is confidential and will be accessed only by those with a valid reason to know. Note: If any health conditions change prior to arrival at camp, please notify Westminster Woods in writing and it will be attached to your camper's file.

Does the camper have health insurance? Yes No

Health Insurance Co.: _____

Member #: _____ ID#: _____

Name of Insured: _____ Relationship: _____

Physician: _____ Phone: () _____

Date of last physical examination: ____/____/____ (must be within 24 months of the first day of camp)

Are all immunizations current? Yes No If no, which immunizations are missing? _____

Date of most recent Tetanus Shot: ____/____/____ (approximate)

Operations or serious injuries (dates and types): _____

Camper Medications – Let us know what medications your camper will bring to camp

Any medications brought to camp are *required* to be in original containers with current doctor prescription label attached. All campers and counselors must check-in medications with the camp nurse during the health screening at the beginning of each registration period. If you are taking medications against the methods prescribed on the label, a signed note from your physician will be required. Medications will be available at the First Aid Center during scheduled times. Attach extra pages as needed to list any additional medications.

None. (Check here if the camper does not have medications.)

Medication 1: _____ Dosage: _____
 When taken? Breakfast Lunch Dinner Before Bed As Needed
 Type of illness being treated: _____

Medication 2: _____ Dosage: _____
 When taken? Breakfast Lunch Dinner Before Bed As Needed
 Type of illness being treated: _____

Camper Health History – Help our staff to care for your camper

Please check any of the following that apply:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Dislocations | <input type="checkbox"/> Heart defects/disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Back problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Physical disabilities |
| <input type="checkbox"/> Emotional or behavioral difficulties | | <input type="checkbox"/> Attention deficit issue | |
| <input type="checkbox"/> Recent life changes or trauma | | <input type="checkbox"/> Difficulties making or keeping friends | |

Allergies or dietary restrictions (We are not equipped to facilitate specific special diets other than vegetarian.):

- Bee Stings Food: _____ Drugs: _____ Other: _____

To help us give the best care to your camper, please use the space below (or a separate sheet of paper, if necessary) to explain any items marked above with as much detail as possible (dates, severity, etc.). In addition, please describe any current physical, mental or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp:

Please let us know if there are any restrictions and/or recommendations you have for camp staff while the camper is in attendance (e.g., hiking, swimming, Challenge Course, etc.). Please give as much detail and reasoning as possible.

Waiver/Release of Liability – Must be on file 30 days prior to camper’s program

Photo Release: I grant permission for Westminster Woods to use pictures and/or videos taken of the camp participant named above while at camp and to use quotations and/or letters relating to their camp experience for promotional purposes.

Release of Liability: I realize that individuals at camp can injure themselves without fault on the part of Westminster Woods personnel. I release Westminster Woods from responsibility for injury to the camp participant named above. I also understand that health and accident insurance protection is my responsibility.

Permission to Participate: I give permission for the camp participant named above to engage in all prescribed camp activities except as noted in the Health Form. I will make sure the camp participant understands and agrees to abide by the restrictions noted on camp activities.

Consent for Emergency Medical Treatment: I hereby give permission to the medical personnel selected by Westminster Woods to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for the camp participant named above. In the event that a parent/guardian cannot be reached in an emergency, I hereby give permission to the physician selected by Westminster Woods to secure and administer treatment, including hospitalization, for the person named above.

Parent/Legal Guardian Signature

Date

Print Name