

# Three Mountain Retreat

1648 FM 182 Clifton, TX 76634-5101 254-675-3188

## Medical Information Sheet

**Campers may not be admitted to camp without this form completed and signed by parents and/or guardians.**

Camper's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Camper's Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Camp Dates June 26-30, 2017 Church / Organization Grace Bible Church / Summer Youth Camp

Parent's/Guardian Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Insurance Co. \_\_\_\_\_ Name of Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Please furnish the most recent **DATE** your camper had immunization, booster or infection:

DPT \_\_\_\_\_ MMR \_\_\_\_\_ Polio-Oral \_\_\_\_\_ TB Skin Test \_\_\_\_\_ Tetanus Shot \_\_\_\_\_ Other \_\_\_\_\_

List **ALLERGIES** (Medications, food, environmental, and type of reaction) \_\_\_\_\_

Any other medical conditions/concerns (e.g., diabetes, asthma, seizures) \_\_\_\_\_

**LIST ANY PRESCRIPTION MEDICATION** that your child will need to take while at camp: \_\_\_\_\_

**Please be sure any medication (*both prescription and non-prescription*) your camper brings is in ORIGINAL CONTAINER and that instructions for administration are documented if different than as labeled on container.**

Are there any special restrictions for your child? **No / Yes:** \_\_\_\_\_

Is any special supervision needed? **No / Yes:** \_\_\_\_\_

List below phone numbers and persons who should be contacted if the camp office is unable to reach parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Camp personnel are on duty at all times to administer first aid and common non-emergency medical treatments. A hospital with emergency room facilities is also available for the camp. Please be specific and thorough about camper's shots and/or medications. **All medication** that needs to be administered to a camper (both prescription and non-prescription) **must be given** to the designated camp personnel and must be in its **original container**, well identified, and have instructions for administration. The leaders of the rental group are responsible for securing any medical care needed by any member of the group while in attendance at Three Mountain Retreat.

I understand the risk of injury that can result from activities and/or services offered at Three Mountain Retreat. In consideration of acceptance for participation in same, I do voluntarily and knowingly execute this release, waiving all claims, action, demands or rights to monetary judgment from Three Mountain Retreat or its staff or the sponsors or staff of Grace Bible Church / Summer Youth Camp, for any and all injury, illness or physical harm which arises from his or her attendance at Three Mountain Retreat and/or participation in any program or activity sponsored by or supervised by any of the above named entities.

In case of medical or surgical emergency, I hereby give permission to the physician selected by the rental group leaders to hospitalize, secure necessary treatment and to order injections, anesthesia or surgery as the physician may deem appropriate for my child named above. I agree that any charges for these services are my sole responsibility. In case medical treatment is needed at the local clinic or hospital, I authorize the camp leaders to transport my child in the manner in which their best judgment dictates.

In addition, any photo of me or my dependent taken at Three Mountain Retreat can be used by Three Mountain Retreat for publicity purposes, either on their web site or in printed material.

**Date** \_\_\_\_\_ **Parent or Guardian MUST SIGN** \_\_\_\_\_