

Camper Medical Form and Participation Release

Camper's Name: _____ Sex: M/F Age: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Treatment and Liability Release

In case of an emergency involving my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child.

In consideration for being accepted by Camp N.O.A.H. for participation in the annual camp, we (I), being 21 years of age or older, do ourselves (myself) (and for and on behalf of my child-participant) do here by release, forever discharge and agree to hold harmless Camp N.O.A.H., the directors and agents thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child is participating in the above-mentioned annual camp. Furthermore, we (I) (and on behalf of our (my) child-participant hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said Camp N.O.A.H. to furnish any necessary transportation, food or lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said Camp N.O.A.H., their directors and/or agents as the result of the accidental, negligent, willful or intentional act(s) of said participant, including, expenses incurred attendant thereto. We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in activities of said camp, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limitation to an emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

_____ Father's signature (Or Legal Guardian) _____ Date
 _____ Mother's signature (Or Legal Guardian) _____ Date

General Information & Health History

Please provide the following information for each prescribed medication your child requires during the camp week. Please bring the original bottle in a zip lock bag with your child's name clearly marked on it. (Ex. Benadryl - 25 mg - Once At Bedtime - Seasonal Allergies)

Medication	Dosage	Frequency	Reason for Medication

Does your child have any allergies to any food and/or medications? Yes ____ No ____

If yes, please provide the following information:

Allergy	Reaction	Comments

If allergic reaction is severe, does your child have an EPI-PEN: Y/N If yes, please bring to camp. Camp N.O.A.H. does not stock EPI-PENS.
Does your child use an inhaler? Y/N If yes, let your child carry the inhaler? ____ or keep it with the nurses? ____
Is there any other medical information about your child that we should know about?

Date of last Tetanus shot? ___/___/___ (Tetanus must be current in order to enroll in camp.)

Are all childhood immunizations current? Yes ____ No ____

Application for Exemption from Immunization Requirements.

For medical, religious or conscience reasons, the parent and/or guardian attests that the camper is and has been in normal good health and is free from all communicable or contagious diseases to the best of their knowledge. By signing, the parent and/or guardian accepts full responsibility for health risks and holds harmless Camp NOAH, Inc. By signing, the parent and/or guardian acknowledges that if an outbreak occurs, the participant is subject to immediate exclusion from the camp for the duration of the outbreak to protect the community.

_____ Father's signature (Or Legal Guardian) _____ Date

_____ Mother's signature (Or Legal Guardian) _____ Date

Emergency Contacts Information

Emergency Contact Name:		Relationship to camper:	
Home Phone Number		Work Phone Number	

Campers' Medical Insurance Information

Insurance Co. Name: _____

Policy #: _____ Phone Number of Insurance Co. (____) _____

Child's Medical Professional (ex. Certified and licensed physicians (MD, DO), nurse practitioners, physician assistant):

_____ Medical Professional's Phone #: (____) _____