

Illinois Great Rivers Conference of the United Methodist Church  
Camping and Youth Ministries  
**CAMPER ALL-IN-ONE HEALTH AND PERMISSION FORM**

**IMPORTANT!** Each registrant *must* send in this Health Form with registration in order for registration to be complete.

**SECTION I: NAME OF CAMP** \_\_\_\_\_ Day Camp \_\_\_\_\_

**SECTION II: PERSONAL INFORMATION**

Full Name of Participant: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone # 1: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Custodial Parent Information: Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Email: \_\_\_\_\_

Church (include also the name of the city in which the church is located): \_\_\_\_\_

**SECTION III: MEDICAL INSURANCE INFORMATION**

Is the camper covered by a medical insurance policy?  Yes  No

Name of policy holder: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical insurance policy number: \_\_\_\_\_ Check one:  Group plan  Individual/Family plan

**SECTION IV: MEDICAL HISTORY** (*Must* be up-to-date upon arrival at camp. *Attach additional pages if needed*)

Is camper current on all immunizations as required by the public school system?  Yes  No Date of last Tetanus shot: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List allergies, including allergies to medications, indicating the severity of reaction: \_\_\_\_\_

Please check which applies if peanut allergy – reaction to:  airborne (must remove anything containing peanuts)  cannot be ingested

if lactose allergy:  milk can be in food  no milk or dairy products at all

List prescribed *and* over-the-counter medication(s) presently taking (medications to be administered at camp *must be* in original containers): \_\_\_\_\_

List past medical treatments \_\_\_\_\_

Please describe any medical problems or conditions including mental & emotional: \_\_\_\_\_

List any restrictions pertaining to diet, sports, or physical activity: \_\_\_\_\_

List any medications that should *not* be administered: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

**SECTION V: LIABILITY RELEASE**

**For Parents/Guardians of Youth Participants:**

I, the undersigned parent or guardian, do hereby grant permission for \_\_\_\_\_ to attend \_\_\_\_\_ Camp. As the parent/guardian, I understand that I am responsible to transport the youth home if he/she is found in violation of the rules.

**For Parents/Guardians and All Participants:**

Further, I understand that participation in IGRC camping and youth ministry activities can involve a certain degree of risk and can from time to time be physically, mentally and emotionally demanding. I have educated myself as to the nature of the activities that I (my child) will be participating in, have been provided an opportunity to have questions about said activities answered, and have considered the risks involved in participating in said activities. I do hereby voluntarily give my consent (for my child) to participate in each of these activities. I understand that participation in any IGRC camping and youth ministry activity is completely voluntary and that I (my child) can refuse to participate in any activity I (he, she) deem(s) to be inappropriate for me (him, her). I release the Illinois Great Rivers Conference of the United Methodist Church, its activity coordinators and all employees, volunteers and agents of the Illinois Great Rivers Conference of the United Methodist Church (the "Released Parties") from any and all claims of liability arising out of my (my child's) participation in any IGRC camping and youth activities, including any claim arising out of travel to or from the site of the location of these activities. I further agree that if I or if anyone on behalf of my child makes a claim for damages against any of the Released Parties, that I will indemnify and hold harmless each of the Released Parties from any and all such liability, damages, attorneys' fees and costs that any of the Released Parties may incur as a result of said claim or claims, to full extent allowed by applicable law.

**For Adult Volunteers:**

As a volunteer age 18 or over I agree to a background check conducted by the Illinois Great Rivers Conference (please download and complete the background check form)

**(Continued on the next page - signature required)**

**SECTION VI: AUTHORIZATIONS**

Please initial the following permissions and affirmations to signify agreement:

<u>Initials</u>	
	For camp staff to obtain and consent to medical treatment for me or my child in case of injury or illness during camp
	For me or my child to receive <i>the checked OTC medicines below</i> (you must select the OTC medicines below) in appropriate dosage and under appropriate circumstances _____ Acetaminophen (temp/pain reliever)      _____ Sudhedrine (Sudafed/allergy)      _____ Ibuprofen (temp/pain reliever) _____ Diphenhydramine (Benadryl/allergy)      _____ Loperamide (Antidiarrheal)      _____ Guaifenesin (Robitussin/Cough Syrup)
	For IGRC Camping and Retreat Ministries and its designees to transport me or my child to off-site activities and/or for health or safety.
	For interviews, photographs, or video footage of my child or myself to be used by IGRC Camping and Retreat for promotional purposes.
	That medical information submitted with this form is current.
	<b>Required for <u>all</u> campers attending any IGRC horse camp:</b> I am aware that my child or I will be near to or riding horses, which are large animals, can be unpredictable, and can bite, buck and kick. I am aware that participants must be alert when near them and follow all guidelines and procedures concerning their care and handling.

**SECTION VII: CAMPER RELEASE AUTHORIZATION for campers under age 18**

- All campers are to be released only to an authorized person.
- Parents/guardians must complete and sign a form (see below) authorizing release of the camper to anyone other than the custodial parent or legal guardian listed on the front of this form. Please list the name of parent/guardian not listed on the front of this form, grandparent, aunt, uncle, family friend, church leader, etc., of anyone that might pick up the camper. If that person is not listed, then the site will not be able to release your camper to them.
- Identification may be required for release of campers to authorized persons. Authorized persons are to be directed to the camp counselor, dean, or camp director to sign their camper out.
- If a custodial parent request that a camper *not* be signed out to a noncustodial parent, such a request must be in writing to be kept on file.
- When a last-minute change occurs in who will be picking up a camper, the new instructions are to be verified with the camp director from an authorized person.

I hereby authorize the following persons to pick up my child or children at the end of the session if I do not pick up my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

My signature below verifies enrollment of the camper named in Section II at the Illinois Great Rivers Conference of The United Methodist Church Camping and Retreat Ministries' activity, subject to the conditions and permissions set forth in Section V, VI, and VII.

\_\_\_\_\_/\_\_\_\_\_  
 Signature of Parent, Guardian, or Adult Participant      Date      Printed Name of Parent, Guardian, or Adult Participant

\_\_\_\_\_  
 Person to call in case of emergency      Emergency phone number (with area code)

\_\_\_\_\_  
 Alternate person to call in case of an emergency      Alternate emergency phone number (with area code)

**This section is completed by the camp nurse/medic when the camper arrives at camp.**

Does the camper show any evidence of illness, injury or communicable disease?     No     Yes (if "yes," attach sheet with explanation)

I have conducted a health screening on the camper, checking for observable evidence of illness, injury, or communicable disease, verifying and updating this health history form, and reviewing/collecting medications to be dispensed during the camp.

Signature of health care worker: \_\_\_\_\_ Date: \_\_\_\_\_