

ELEVATE CAMPS HEALTH AND ACTIVITY RECORD

Please complete, sign, and date this form for all campers. **Do not mail. Do not fax. Form must be turned in upon arrival.**
 (If form is incomplete, parents or guardians will be called) *Please Print*

LAST NAME		FIRST NAME		MIDDLE INITIAL	
		DATE OF BIRTH	MALE	FEMALE	DATES ATTENDING CAMP
			<input type="checkbox"/>	<input type="checkbox"/>	
Group Information:					
Group Name				Group Leader	
Parent or Guardian	Full Name:			Telephone Numbers with Area Code	
				Home ()	
	Address			Work ()	
	City		State		Zip code
Email:					
IF NOT AVAILABLE IN AN EMERGENCY NOTIFY: (PREFERABLY RELATIVES)				Telephone Numbers with Area Code	
Name				()	
Name				()	
Family Health Insurance Information	Name of Company			Policy/Group Number	
	Contact Person			Telephone Number	
				()	
	Parent/Guardian Name				
<p>MEDICAL PROBLEMS, CONDITIONS OR RESTRICTIONS:</p> <p><i>If your camper has a medical condition such as diabetes or the use of an Epi-pen please fill out and attach the "special medical condition form" found on the Elevate website.</i></p>					
<p>Allergies: <input type="checkbox"/> No known allergies. <input type="checkbox"/> This camper is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <i>(Please describe below what the camper is allergic to and the reaction seen.)</i></p>					
<p>Restrictions: <input type="checkbox"/> I have reviewed the program and activities of the camp and feel the camper can participate without restrictions. <input type="checkbox"/> I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. <i>(Please describe below.)</i></p>					

IMMUNIZATION HISTORY

It is required by the State of California that a record of your camper's immunization history, including the date of the last tetanus shot, be on file while at camp. Please attach a copy of the history to this form. *(not required for 18 and over)*

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

Relationship to Camper:

_____ Date: _____

PRESCRIPTION MEDICATIONS:

Campers taking prescribed medications are required to fill out the Elevate **"Medication check-in form"** All prescription and non-prescription medications including vitamins or melatonin must be turned in to the camp health clerk/nurse.

NON-PRESCRIPTION MEDICATIONS:

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.***

Acetaminophen (Tylenol)

Phenylephrine decongestant (Sudafed PE)

Antihistamine/allergy medicine

Diphenhydramine antihistamine/allergy medicine (Benadryl)

Sore throat spray

Lice shampoo or cream (Nix or Eliminate)

Calamine lotion

Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)

Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin) Dextromethorphan cough syrup (Robitussin

DM) Generic cough drops

Antibiotic cream, Aloe

Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

WAIVER OF LIABILITY AND PERMISSION FOR PARTICIPATION

My son/daughter has permission to engage in all prescribed camp activities which include but are not limited to the water slide, swimming, water blob, canoe or kayak, playing sports, or general physical activity, except as noted by me and the examining physician and have permission to leave the campgrounds for camp related outings and purposes. I realize that my camper's picture and/or testimonial may be used in the future promotion of Elevate Camps.

Elevate Camps is a non-profit charitable organization. Those who use Elevate Camps' facilities and /or engage in related activities waive and release Elevate Camps from any claim for personal injury or property damage. Attendees agree to carry insurance and/or cover the expenses related to personal injury or property damage.

Illegal drugs, weapons, and similar items are not permitted at camp. Elevate Camps reserves the right to search for and remove such items from anyone suspected of possessing them. I understand that all medications, vitamins, etc. must be given to the camp nurse upon arrival and that they must be in the original containers.

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment for my son/daughter. In the event I cannot be reached I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. I hereby give permission for the camp nurse to administer over-the-counter medications to my child per the manufacturer's guidelines except as noted above.

Campers wishing to leave early must be picked up by the parent(s) who sign this health form. Anyone other than the parent must have written permission signed by the same parent who has signed this form. The camp reserves the right to refuse dismissal without proper identification.

Signature of Father/Guardian(s): _____ **Date:** _____

Signature of Mother/Guardian(s): _____ **Date:** _____