



CBM of SWPA MEDICAL RELEASE FORM

NO camper will be allowed at camp without a SIGNED Release Form

Office Use

TO BE COMPLETED BY THE LEGAL PARENT OR GUARDIAN (PLEASE PRINT)

Camper's Name _____ Age _____ DOB _____ Weight _____

If the child has had any recent medical problems or illnesses we strongly recommend a physician's examination. Physician's medical report, including recommended restrictions, diet, or medicine should accompany this form.

Parent or Guardian _____ Phone # _____ Cell # _____
 Address _____ City/State _____ Zip _____
 Family Physician _____ Physician Phone # _____
 Family Dentist _____ Dentist Phone # _____
 Health Insurance _____ Health Ins ID # _____

In case the Parent or Guardian CANNOT be reached in an emergency, please notify:

Name: _____ Relation: _____ Home Ph # _____ Cell Ph # _____

HEALTH HISTORY

<i>Check each item</i>	YES	NO	Check each item	YES	NO	<i>Check each item</i>	YES	NO
Sinus Trouble	_____	_____	Seizures	_____	_____	Immunizations	_____	_____
Hay Fever	_____	_____	Mononucleosis	_____	_____	Disabilities/Injuries	_____	_____
Headaches	_____	_____	Hypertension	_____	_____	Operations	_____	_____
Ear Trouble	_____	_____	Bleeding Disorder	_____	_____	Dietary Restrictions	_____	_____
Tonsillitis	_____	_____	Sleepwalking	_____	_____	Food Allergies	_____	_____
Hepatitis	_____	_____	Hernia	_____	_____	Med Allergies	_____	_____
Skin Trouble	_____	_____	Asthma/Lung	_____	_____	Allergy-Insect bites	_____	_____
Heart Trouble	_____	_____	Athlete's feet	_____	_____	Allergy-Poison Ivy	_____	_____
Diabetes	_____	_____	Bed Wetting	_____	_____	Other Allergies	_____	_____

Please explain any YES answers and include treatment, if any: _____

CURRENTLY ON MEDICATIONS? ____ Yes ____ No Medication being brought to camp? ____ Yes ____ No
(Medications must be in pharmacy container.)

List Meds and give dosage instructions:

Med _____ Dosage: _____
 Med _____ Dosage: _____
 Med _____ Dosage: _____

INDICATE IF PERMISSION IS GRANTED TO ADMINISTER THE FOLLOWING:

<i>Check each item</i>	YES	NO	<i>Check each item</i>	YES	NO	DOSAGE
Sunscreen	_____	_____	Tylenol	_____	_____	_____
Insect Repellant	_____	_____	Motrin	_____	_____	_____
Antibiotic Ointment	_____	_____	Benadryl	_____	_____	_____

Does the camper have any activity restrictions? ____ Yes ____ No (If Yes, note on Page 2)

Please read the RELEASE FORM on the back side and sign and date the form.
(Registration will not be accepted without this information.)





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Student Name (print) _____

Parent / Guardian Name: (print) _____

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I also agree to the following statements:

- I hereby give permission to the nurse and personnel selected by the camp director to provide routine health care.
- I give my permission to administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests.
- I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.
- I give permission to the camp to arrange necessary related transportation for my child for medical treatment.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.
- I understand that neither CBM of SWPA nor the insurance company will be responsible for medical treatment or liability resulting from physical conditions existing prior to my child's arrival.
- I understand that CBM of SWPA has taken certain steps to implement recommended protocols issued by public health agencies; but, due to the nature of activities at camp, social distancing of 6 feet may not always be possible.
- I hereby release the camp management, directors in charge and their organizations from any and all negligence whether on my part or their part, directly or indirectly, as a result of sickness and/or accident during camp. This includes the risk of contracting Covid-19 during my child's participation in events at CBM of SWPA / Camp Cornerstone, and I voluntary agree to allow my child to participate in the program knowing there are these risks.

Signature of Parent/Guardian _____ Date: _____

Please note below any behavioral issues, traumatic events, physical restrictions or other information that would be helpful to the camp staff:
