

Camp Turner Health Form

Page One and two – to be completed by Parent

Camper's Last Name	First Name	Gender
Street	Address	
City	State	Zip Code
Date of Birth	Social Security Number	
Session Attending	Arrival Date	
Parish attending	School Attending	

PLEASE ATTACH A
RECENT PHOTO
OF CAMPER HERE.

FULL CLEAR FACIAL
PHOTOS ARE BEST

PARENT / GUARDIAN CONTACT INFORMATION

Father / Guardian	Home Phone	Work Phone	Cell Phone
Mother / Guardian	Home Phone	Work Phone	Cell Phone
Alternate Emergency Contact Name	Home Phone	Work Phone	Cell Phone

HEALTH INSURANCE INFORMATION

Primary Insurance Carrier	Group ID Number	Policy Holder's Name	ID Number
Primary Care Physician	Physicians Address		Phone
Dental Insurance Carrier	Group Number	Policy Holder's Name	Id Number

AGENCY AFFILIATION (IF ANY)

AGENCY NAME	STREET ADDRESS	CITY	STATE	ZIP
Contact Person	Work Phone	Cell Phone		

DOES THE CAMPER HAVE ANY OF THE FOLLOWING?

Allergies: _____

IEP or Behavior Plan? _____

Disabilities, Chronic Conditions, Pyschiatric Diagnosis? _____

Chronic Fears: _____

Enuresis (bedwetting)? _____

Family issues which may affect behavior at camp? _____

Activity Restrictions: _____

For Female Campers: Has the Camper Menstruated? _____ If no, has she been told about it? _____

How well can the camper swim? _____

Is there any person the camper is not to have contact with:

Page two: Terms of Service – to be completed by the Parent

Acknowledgement of Risk, Indemnity and Hold Harmless Agreement: I understand that it is my responsibility to be readily available for contact by the camp in the event of an emergency. I acknowledge that participation in camp activities involves some degree of physical risk. I will notify the camp director in writing of any activity I do not wish my child to participate in. I agree to waive and relinquish all claims I may have against Camp Turner, the Youth Department and the Diocese of Buffalo, including any negligence claims on the part of its officers, agents, employees, representatives or volunteers arising out of or caused by any activity my child participates in connection with. I agree to indemnify and hold harmless Camp Turner, its employees and agents against all losses, damages, monetary awards and expenses, including all costs and attorney's fees incurred in connection with any and all claims, including claims of negligence on the part of Camp Turner or its employees or agents, brought by or on behalf of participants, parents, or legal guardians, his or her heirs, successors, assigns and legal representatives, for any injury, death, illness, disease, property damage arising from participation in any activity of Camp Turner.

Permission to treat: In the event of an accident or emergency involving my child, I give my permission to the representatives of Camp Turner to seek out and authorize emergency medical treatment including ordering x-rays or other routine tests, or surgical treatment that may be considered necessary or advisable in the event that I cannot be reached in a reasonable amount of time. I authorize any licensed physician or medical center chosen by representatives of Camp Turner to treat my child. I agree to the release of any records necessary for insurance purposes. I agree that my health insurance will be the primary payer for all medical care, treatments, legal services or other necessary services received by or performed on my child while in the care of Camp Turner or its agents.

Permission to use public beaches: Camp Turner swimming activities take place offsite at public beaches. These beaches are publicly guarded by certified lifeguards. Camp staff will also be present to supervise campers and implement buddy checks. Creek walks, hikes and other activities may also take place outside of the camp property both in NY state and across the nearby PA line. I grant permission for my child to participate these activities.

Permission to transport, and cross State Lines: Camp Turner sometimes takes campers on trips to town, including towns outside of New York State, across the nearby PA line. We may use buses, vans and passenger cars. Camp Turner has my permission to transport my child to sites within NY or PA for program purposes or medical emergency purposes if necessary or purposes of field trips included in the camping program.

Image Release: Photographs or video tape of program participants may be used in publications, websites, brochures, flyers or other promotional materials produced by Camp Turner, Daybreak TV Productions and the Diocese of Buffalo. Participants will not be identified without written consent of parents. Parents who do not wish their campers to be photographed, filmed or video taped should notify the camp director in writing. Camp Turner has no control over the activities of the media or press.

Campers may be sent home: I understand that in order to provide a safe and cooperative group experience for all campers, it is sometimes necessary to send a camper home. Reasons may include, but are not limited to behavior, homesickness, illness or injury, discontinuation of the program, compromised safety of the program site. If my child needs to be sent home I, the guardian or my designee, will provide immediate transportation for my child.

Camper Responsibilities: I understand that my camper is expected to be responsible for their behavior. Campers are expected to treat others and the property of other with kindness and respect. Failure to do so could result in removal from the program. Campers are expected maintain their personal possessions and area in a neat and clean manner. Campers are expected to participate to the best of their ability and to contribute in a positive way to the community of Camp Turner.

Refund Policy: The \$100 deposit is refundable up to 31 days before the scheduled arrival date. The remaining payment, if paid, is refundable up to 10 days before arrival. Refunds are not given for departures due to homesickness or removal from the program. Campers who must leave due to injury or death in the family will receive a pro-rated refund or a discount off a future session.

CABIN-MATE REQUESTS Cabin mate requests are accepted in pairs only (both campers must request each other). Birthdates of the pair must be within 12 months of each other. Requests that do not follow these guidelines will NOT be honored. We do not take cabin mate requests for older campers – they are bunked by age.

Meningococcal Meningitis – Parents are encouraged to educate themselves on the dangers of this disease, and to consult with their physician on the recommend immunizations.

Axe-manship: Participation in this program will result in blisters on the hands and or fingers. Please sign here if you grant permission for your camper to participate in this elective program. _____

Woodsmen: Participation in this program requires the participant to spend a night outside in the woods alone. Please sign here if you grant permission for your camper to participate in this elective program. _____

**CAMPERS MUST BRING ALL FOUR PAGES OF THIS HEALTH FORM TO CHECK IN
DO NOT SEND THESE FORMS IN THE MAIL**

I, the legal parent or guardian of _____,
have read and comprehend these TERMS OF SERVICE. I have reviewed the **Parent Handbook**, and I understand the Camp Turner program. I approve of my child's full participation, or I have attached in writing a list of activities which my child may not participate in. Please see also special program permissions above.

Signature of Parent or Legal Guardian

Printed Name

Date Signed

Page three: Health Statement to be completed signed by physician (two pages)

Camper's name _____ Date of Birth _____ Height _____ Weight _____ Date of Most Recent Physical _____

Medical Conditions, Allergies

Medication Allergies: _____
 Food / other allergies: _____
 Recent illness, injury or infections disease? _____
 Recent Injuries, Hospitalization, Surgery: _____
 Asthma / Respiratory Conditions: _____
 Heart Disease / Hypertension: _____
 Diabetes: _____
 Bleeding / Clotting Disorders: _____
 Seizures / Convulsions: _____
 Mononucleosis, parasites or other Communicable conditions: _____
 Frequent headaches / Ear Infections: _____
 Behavioral conditions, eating disorders: _____
 Dietary or Activity Restrictions: _____

Immunization Records

Attached records must include DPT, TD, Tetanus, Polio, HIB, HepB, Measles, Mumps, Rubella and Varicells.

Has the patient had any of the following:

Measles Chicken Pox German Measles Mumps Hepatitis A Hepatitis B Hepatitis C

TB Mantoux Test: Date of Last test _____

Result: Positive Negative

Please give all dates of immunization for:

Vaccine	Dates	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DPT	_____	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____	_____
Or Measles	_____	_____	_____	_____	_____	_____	_____
Or Mumps	_____	_____	_____	_____	_____	_____	_____
Or Rubella	_____	_____	_____	_____	_____	_____	_____
Haemophilus Influenza B	_____	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____	_____	_____

Camp Turner is required to keep immunization records on file. You child need not necessarily have the immunizations themselves to attend camp.

Please attach Most Recent Physical

Page Four: Physician's Health Statement (second page of two for the doctor)

Campers Name: _____ Date of Birth: _____

Current Medications

Medication 1: _____ Dose: _____ Time: _____

Reason for taking: _____

Medication 2: _____ Dose: _____ Time: _____

Reason for taking: _____

Medication 3: _____ Dose: _____ Time: _____

Reason for taking: _____

This patient takes no medications.

Over-the-counter Medication Authorization

Camp Turner will not provide medications without DOCTOR'S authorization. Camp Turner stocks the following over the counter / PRN medications which will be given to the camper at the discretion of EMT, LPN or RN if approval is indicated by the camper's healthcare provider. If a camper is scheduled to receive prescription medication while at camp, the medication will be stored in the health center and provided to the camper for supervised and documented self administration as per the instructions on the label.

Drug	Route	Dose	Schedule and Indications	Approval	Comments
Tylenol	PO tabs or liquid	Per label by age / weight	Q4h for pain or fever	Yes / No	
Ibuprophen	PO tabs	Per label by age / weight	Q6h for pain, swelling, cramps.	Yes / No	
Benedryl	PO tabs or liquid	Per label for age / weight	Q6h for reaction, due to allergy or insect bites.	Yes / No	
Loratadine	PO tabs	1 tab	Q 24h for allergy relief	Yes / No	
Tums	PO (Chewable)	1 – 2 tabs	Not > 16 q 24h. Upset stomach	Yes / No	
Cough Drops	Lozenge	PRN	Q4-6 H PRN for sore throat	Yes / No	
Robitussin	PO liquid	Per label for age / weight	Q 4-6 h for cough without fever / wheezing	Yes / No	
Band Aid Cleansing Foam	Topical for cuts / scrapes	If soap and water not available.	For first aid as needed.	Yes / No	
Neosporin or similar	Topical	Per label	Small amount to cut 1 – 3x Q D.	Yes / No	
Solarcane	Topical	Per label	Apply to o affected area 1 – 3 x QD. Rash, stings, mild sunburn.	Yes / No	Not for persons with sulfite allergies.
Immodium AD	PO - Caplets	Per label by age / weight	Schedule varies per age. Consult label. For Diarrhea.	Yes / No	
Midol	PO- Tablets	Per label	For Menstrual Cramps	Yes / No	

Other medication authorized by physician and provided by parents:

I have examined this patient and in my opinion this individual is:

___ Able to participate ___ NOT ABLE to participate in an active, overnight camping program.

Does the camper's participation pose any know health risk to others living in proximity? ___ YES ___ NO

Printed Name of Healthcare provider

Signature

Date

Location

Phone Number

Stamp: