



2010 ADVENTURE CAMP RELEASE AND HEALTH FORM

PO Box 1264, Canby, OR 97013
503-266-5176
www.canbygrove.com

Camper Name _____ DOB _____

Camper Address _____ City, State, Zip Code _____

Emergency Contact Information -

1st Parent/Guardian _____ Address _____ State _____ Zip _____

Home Phone (____) _____ Daytime/Cell Phone (____) _____

2nd Parent/Guardian _____ Address _____ State _____ Zip _____

Home Phone (____) _____ Daytime/Cell Phone (____) _____

Additional Emergency Contact _____ Phone (____) _____

Health History -

Allergies (list all known) - Describe reaction and management of the reaction

Medication Allergies -

Food Allergies -

Other Allergies - include insect stings, hay fever, asthma, etc.

Medications being taken - please list **all** medications, including over-the-counter or nonprescription drugs, taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the brand of the medication, the dosage and the frequency of administration. Attach additional pages as necessary. I give permission to Canby Grove to hold and only make your child's medication **available** at the proper time.

- This camper takes **NO** medications on a routine basis.
- This camper takes the following medications -

Med #1 _____ Reason for taking _____ Time & Dosage _____

Med #2 _____ Reason for taking _____ Time & Dosage _____

Restrictions - are there any restriction of activity due to disability or medical reasons? No Yes, please explain _____

Camper is subject to any of the following - ADD/ADHD Swimmers Ear Sunburn Upset Stomach Diabetes Homesickness
Other _____

Has/does the camper have a history of and/or receive(d) treatment for any of the following conditions?

- | | | | |
|---|--|---|--|
| Any recent injury, illness, or infectious disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dizziness, fainting, unconsciousness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Back or neck problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Heart disease or history of heart trouble | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Severe abdominal or menstrual cramps | <input type="checkbox"/> Yes <input type="checkbox"/> No | Low or high blood pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes or Hyperglycemia | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recent sprains, fractures, dislocations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Epilepsy, convulsions, seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No | Joint problems (knee, ankle, etc) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chronic or recurring illness/condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emotional impairment/disability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current communicable diseases | <input type="checkbox"/> Yes <input type="checkbox"/> No | Asthma (carry an inhaler?) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Presently under care of physician | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other _____ | |

Immunizations - are all immunizations up to date? Yes No, please specify _____

Date of last tetanus booster? _____ If unsure, was it within last 5 years? Yes No



Insurance Information -

Health Insurance Carrier _____ Policy number _____

Policyholder _____

Family Doctor _____ Phone (____) _____

Family Dentist/Orthodontist _____ Phone (____) _____

Participation Agreement -

PARENT OR GUARDIAN SIGNATURE IS REQUIRED IN ORDER FOR CHILD TO PARTICIPATE IN CAMP!

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the camp activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as any medical treatment rendered to the Participant that is authorized by Canby Grove or its agents, employees, volunteers or any other representatives of Canby Grove. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend and hold harmless Canby Grove for any injury arising directly or indirectly out of the camp activity or transportation to and from the activity, whether such injury arises out of the negligence of Canby Grove, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and Canby Grove cannot agree upon such a process, the dispute will be submitted to a three member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Camper Dismissal - I understand that my child may be sent home if he/she does not comply with camp behavioral guidelines. The decision will be made by the Program Director and no refund will be available.

Publicity Release - I give permission and consent to allow photographs, video tapes and quotes to be taken for publishing and used to illustrate and advertise Canby Grove and its camp activities.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family including minor children.

Signature of Parent/Guardian _____ **Date** _____

Parent/Guardian Name (Print) _____ **Date** _____