



ST. CHRISTOPHER CAMP AND CONFERENCE CENTER HEALTH, CONSENT, AND RELEASE FORM

NOTE TO THE PARENT/GUARDIAN/GUEST: St. Christopher wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

1. Medical history
2. Medical insurance information

◆ PERSONAL INFORMATION

Name _____ Birthdate _____ Sex _____ Age _____ SSN _____

Parent or Guardian (or spouse) _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Second Parent or Guardian Emergency Contact _____

Home Address _____ Phone _____

Business Address _____ Phone _____

If not available in an emergency, notify: _____

Home Address _____ Phone _____

◆ HEALTH HISTORY INFORMATION

Health History (Give approximate dates) Diseases Allergies (Date not needed)

_____ Frequent Ear Infections _____ Chicken Pox _____ Hay Fever

_____ Heart Defect/Disease _____ Measles _____ Ivy Poisoning, etc.

_____ Diabetes _____ German Measles _____ Insect Stings

_____ Bleeding/Clotting Disorder _____ Mumps _____ Penicillin

_____ Hypertension **Immunizations** _____ Other Drugs

_____ Mononucleosis _____ Tetanus (last date) _____ Asthma

_____ Convulsions _____ Other (Specify) _____ Other (Specify) _____

Operations or serious injuries (Dates) _____

Chronic or recurring illness or medical condition _____

Current medications (Send with instructions in original container) _____

Other illnesses _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Date of last health examination by a doctor or nurse _____

Insurance Information

My insurance company _____ Policy Number _____

Insurance company address _____

Any treatment to be continued at camp _____

Any medically prescribed meal plan or dietary restrictions (please notify camp staff two weeks prior to arrival)

Activities to be discouraged or limited

Additional health information for camp personnel

Please complete second page

◆ **GROUP LEADER INFORMATION**

Medications: All medications brought to camp must be in original containers. An adult leader of the group shall keep all medications brought to camp by anyone under 18 years of age in a locked unit. The adult leader shall be responsible for the administration of the medications. Bee sting medication, inhalers, and insulin syringe, or other medication or device used in the event of life-threatening situations may be carried by a camper or staff member. Each camper or staff member, 18 years of age or older, may take responsibility for the security of his or her personal medication.

Health Forms: A health history is required for each camper. Information should include any physical condition, medications, or allergies requiring special consideration. For a camper under 18 years of age, written consent for emergency medical care is required.

Medication/Treatment Records: When a medication is administered or treatment provided, the adult leader shall make a record of the action in a bound book with pre-printed page numbers, indicating the following information: name of the person receiving the medication or treatment; ailment; name of the medication or treatment; quantity given; date and time administered; by whom administered; and comments. The group leader should retain the health forms and treatment records (copies of pages can be made at end of stay) for at least 2 years.

◆ **CONSENT AND RELEASE INFORMATION**

This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order Xrays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I hereby give permission to transport the camper in camp-designated vehicles for off-site trips. The completed forms may be photocopied for trips out of camp. I release St. Christopher including its trustees, employees, and agents from my physical injury, including death, or illness while at camp. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns.

If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives, and assigns. My parent or guardian also promises, by signing below to defend, indemnify, and hold St. Christopher harmless from any claim asserted by me against St. Christopher, including its trustees, employees, and agents, if I should repudiate this release after obtaining adulthood.

I hereby grant permission to St. Christopher to photograph the camper during camp activities and to use the photographs in St. Christopher audio-visual and printed materials without compensation or approval rights.

Signature of parent or guardian or adult camper/staffer

I also understand and agree to abide with the restriction placed on my camp activities as listed above.

Signature of minor or adult camper/staffer _____ **Date** _____

St. Christopher Camp and Conference Center,
2810 Seabrook Island Road, Johns Island, SC
Voice: 843-768-0429 Fax: 843-768-0918
www.StChristopher.org

