

# Westminster Woods Camp Health Information Form

Please turn this form in with your registration

**Valid January 1, 2021 – December 31, 2021**

## MINOR(S) INFORMATION (please print):

Full Name of Parents or Guardians \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Name of Camper #1 \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in January 2021 \_\_\_\_\_ 2021/2022 School Year \_\_\_\_\_

Name of Camper #2 \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in January 2021 \_\_\_\_\_ 2021/2022 School Year \_\_\_\_\_

Name of Camper #3 \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in January 2021 \_\_\_\_\_ 2021/2022 School Year \_\_\_\_\_

Name of Camper #4 \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in January 2021 \_\_\_\_\_ 2021/2022 School Year \_\_\_\_\_

*(Some medical facilities may require a Social Security Number to provide treatment. We will contact you if we need this information)*

Please **initial** below for permission for all your children

**My child/children may be given Acetaminophen for minor pain/headache:** Yes \_\_\_ or No \_\_\_

**My child/children may be given Ibuprofen for minor pain/headache:** Yes \_\_\_ or No \_\_\_

## HEALTH INSURANCE INFORMATION:

Health Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**MEDICAL HISTORY and EMERGENCY CONTACT INFORMATION:**

**1) Parent/Guardian Contact Information**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Have Minor (s) had all school-required vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last tetanus shot: Camper #1 \_\_\_\_\_ Camper # 2 \_\_\_\_\_

Camper # 3 \_\_\_\_\_ Camper #4 \_\_\_\_\_

Do Minor(s) have a communicable disease or medical condition that may be a risk to others? Yes or No

If yes, please describe: \_\_\_\_\_

Do Minor(s) have any drug allergies? Yes or No

If yes, please describe: \_\_\_\_\_

Please describe any special considerations regarding Minor(s) (medical conditions, food allergies, dietary restrictions, activity limitations, asthma, adhd, behavioral issues/concerns, etc.):

Camper #1 \_\_\_\_\_

Camper #2 \_\_\_\_\_

Camper #3 \_\_\_\_\_

Camper #4 \_\_\_\_\_

I hereby authorize medical treatment by any licensed hospital at the discretion of Brian or Diane Wheeler for the above named youth at this retreat/camp sponsored by Westminster Woods Camp & Retreat Center, Inc. I also hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and for my (or my child's) participation therein, and the publication or other use thereof, I waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use. I agree (or direct my child) to cooperate and conform to directions and instructions of personnel responsible for activities. I will indemnify and hold harmless Westminster Woods Camp & Retreat Center, Inc. and its officers, agents, servants or employees from any and all claims or causes of action by myself or by any other person or entity, and under no circumstances will present any claims against said organization and said persons for personal injury, property damage, wrongful death caused by any act of negligence by the camp. Recourse for the payment of any hospital, medical, dental or related cost and expenses will be paid either by me or my accident, hospital or medical insurance, or any available benefit plan of mine.

**Parents/Guardian Legal Signature**

Print Name: \_\_\_\_\_ I have legal custody of this minor Yes or No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_