

**WESTMINSTER WOODS
2016 HEALTH INFORMATION FORM**

REQUIRED FOR ALL CAMPERS

MEDICAL INFORMATION

Camper's Name _____ Age _____

Insurance Information : Company _____ Company Phone# _____

Insured's Name _____ Policy # _____

Food Allergies: _____

Medical or other Allergies _____

For minor pain/headache, my child may be given : (**Please initial** to indicate your permission) Acetaminophen _____ Ibuprofen _____

Medications coming to camp – list below (if you need more room – please use an additional form from website)

- 1. Name _____ Dosage _____ Time taken _____
- 2. Name _____ Dosage _____ Time taken _____
- 3. Name _____ Dosage _____ Time taken _____
- 4. Name _____ Dosage _____ Time taken _____
- 5. Name _____ Dosage _____ Time taken _____
- 6. Name _____ Dosage _____ Time taken _____

Medical Conditions or Information that may be helpful to us. _____

Date of last tetanus _____ Last Physical _____

Notes To Staff. _____

I give instruction and permission for my child to take the above listed medication during this retreat/camp. Also I herby 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 the Committee on Camping Ministry, Presbytery of Southern Kansas. I also herby 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 (aka Presbytery of Southern Kansas) 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.

_____ DATE _____ _____ DATE _____

Parent/Guardian Signature and Date

Witness Signature (youth leader, pastor, other)

Mail all forms to camp: **UNLESS** your church is paying a portion of the camp fee, then send the form and your portion of the fee to your church. They will complete the funding and forward it to camp. Please allow extra time so it will be mailed to camp before the deadline.

Mailing Address: Westminster Woods 18487 Barber Rd, Fall River, KS 67047