

# 2014 Intergenerational Handbell Camp Medical Form

Please print, and mail to **Chuck Ford 2231 SW Wall Street Blue Springs, MO 64015**

\*send in with registration\*

## Heartland Center Medical/Release Form 2014

Camper Information:

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Male / Female (circle one)      Camp Session Name: **Intergenerational Handbell Camp**      Dates of Camp: July 6 - 10, 2014

Age \_\_\_\_\_ Birth date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Grade Completed in 2014 \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent /Guardian/Next of Kin \_\_\_\_\_ Email \_\_\_\_\_

Best # to be reached at \_\_\_\_\_ Secondary # \_\_\_\_\_ Other # \_\_\_\_\_

I hereby affirm that I: \_\_\_\_\_ am the parent or legal guardian of the above named camper and I am Authorized to execute this medical consent form in behalf of said camper.

Emergency Contact:

In the event you or another parent/guardian cannot be reached, please provide two alternate contacts. **DO NOT PUT PARENT NAMES HERE!**

Contact 1: Name & Relationship \_\_\_\_\_ Phone #s \_\_\_\_\_

Contact 2: Name & Relationship \_\_\_\_\_ Phone #s \_\_\_\_\_

Physician Information:

Physician's Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Allergies \_\_\_\_\_ Food Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Operations/Serious Injuries \_\_\_\_\_

Medication Currently Taking \_\_\_\_\_ Dosage \_\_\_\_\_ Times per day \_\_\_\_\_

\*All medications brought to camp must be brought in the prescription bottle with campers name or in original packaging.

Please bring only enough for your campers stay if possible.

Are immunizations current for this person? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of LAST TETNUS SHOT - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Parent /Guardian must be able to supply current immunization records and boosters if requested.)

Insurance Information:

Provider \_\_\_\_\_ Policy Holder \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Is the camper in general good health and able to participate in all normal camp activities? Yes \_\_\_\_\_ No \_\_\_\_\_ ( if no please explain) \_\_\_\_\_

Your frankness about any physical or emotional disability will help Handbell camp staff and leaders work more effectively with your child. Please notify Handbell Camp staff if the camper is exposed to any communicable disease during the three-week period prior to camp attendance.

\*In signing this application, I hereby certify that the above information is correct and give permission for the release of medical records in case of illness or accident.

\*In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by Heartland Center & Handbell Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named above.

\*I give my child permission to participate in all camp activities including challenge course – both high ropes and low ropes appropriate to my child's age as well as horseback riding and archery. I understand that Heartland Center trains their staff and inspects their equipment and stock regularly to reduce risk. I u

nderstand there are still inherent risks with all camp activities. I release Heartland Center and all its employees from any liability related to my child's participation in camp activities. Participating in the challenge course may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur. Under Missouri Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised Statutes of Missouri.

\*I give permission for Handbell Camp staff to administer the following over-the-counter drugs or their equivalent (in accordance with product labeling) to my son/daughter if deemed necessary by the Heartland Center Health Care Manager: Children's Tylenol, Children's Pepto Bismol, Ibuprofen, Benadryl, Cough/Throat Spray, Eye Drops/Visine, and Swimmer's Ear Drops.

\*I agree to allow my child (or myself) to have his/her picture taken and those pictures to be used in Intergenerational Handbell Camp and Heartland Center publicity. My child agrees to follow all camp rules & expectations and I will arrange transportation home at any time for my child if camp director requires it due to behavior or illness.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_