

Camp Living Water Medical Form & Waiver

Camper's Name: _____ Age: _____ M/F (circle one)

Parent/Guardian's Name: _____

Home Phone #: _____ Work Phone #: _____

Other emergency #: _____ Treaty #: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Healthcare #: _____ Date of Birth: _____

Medical Information (confidential – to be used by first aid & medical personnel only)

Allergies (please check off)

Aspirin Food (specify) _____

Penicillin Other allergies (specify) _____

Insect stings Other medications (specify) _____

Does your child have: diabetes epilepsy other _____

Tetanus shot within the last 6 years yes no

Any special diet yes no if yes, specify _____

*Do we have permission to administer the following to your child? (please check)

Aspirin Tylenol Other (specify) _____

Is the camper presently on any prescribed medical drug(s)? yes no

If yes, specify _____

Do you know of any reason why your child should be limited in participating in any physical activities?

Yes no If yes, please explain. Please mention any recent surgery, illness, broken bones, injuries, allergies (other than drugs), or other physical conditions. _____

Waivers

I/We consent to the above named child being photographed, interviewed, and/or videotaped by representatives of Camp Living Water. Any images obtained may be reproduced by Camp Living Water for use in advertising, publicity, or educational activities. Camp Living Water publications include but are not limited to: the website, advertisements, annual reports, posters, banners, bulletin boards, and other public relations materials. I hereby waive any claims I may have, and release Camp Living Water and its employees from liability of claims arising out of such activities.

Yes, my child may be photographed, interviewed, or videotaped for media use.

No, my child may not be photographed, interviewed, or recorded for media use.

Signature of Parent/Guardian: _____

Parent(s)/Guardian(s) Authorization: This health history is correct to the best of my/our knowledge and this camper has my permission to participate in Camp Living Water activities, unless otherwise noted. I/We give permission to the physician of hospital selected by the first aid or other adult in charge to secure proper treatment for and to order medical injections, anaesthesia or surgery for my/our child. I understand that every effort will be made to contact myself beforehand except in case of minor illness and/or first aid where necessary. Furthermore, I release Camp Living Water, its board, director and staff from any loss, personal injury, accident, misfortune or damage to above named or his/her property with the understanding that reasonable precautions shall be taken to ensure the health and safety of above named camper. I/We understand Camp Living Water Director and staff have the right to dismiss anyone who in their opinion is a hazard to the safety and well being of others, rejecting reasonable guidelines.

Signature of Parent/Guardian: _____

(Must be signed by parent/guardian for anyone under 18 years of age. Signed by anyone older)

Please read the following and check off all that apply.

I/We give permission for the above named child to participate in the following activities associated with Camp Living Water:

- Riding on the bus to and from camp, as well as attend any offsite activities while attending Camp
- Supervised swimming in the river or at the local pool (during inclement weather only)
- Participating in a camp fire/wiener roast
- Participating in onsite sports activities (soccer, baseball, tag, etc.)

If you do not give permission for a specific activity, please explain why. _____

Signature of Parent/Guardian: _____

Date: _____