

2019 CAMPER REGISTRATION & HEALTH FORM

Name: _____ Date of Camp: _____ Sex: (M/F) _____

Birth Date: _____ Age: _____ Grade Completed by End of School Year 2017 _____

Street Address: _____ City _____ Zip _____

Name of Church Camper
Is Attending Camp With: _____ City _____

Parent /Legal Guardian: _____ Relationship: _____

Phone Number: Daytime _____ Evening _____ Cell _____

Parent /Legal Guardian Email: _____
Emergency Contact Information Other Than Parent/ Legal Guardian:

Name: _____ Cell _____ Relationship _____

PARENT/ LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Mt. Lebanon agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the events at Mt. Lebanon.

2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my family/personal health and accident insurance will be the primary coverage.

4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Mt. Lebanon.

5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize the Mt. Lebanon health staff to render first-aid and to administer medications as prescribed and programmed on the *Dosage & Frequency Chart*, executed by the parent or guardian.

6. NON PRESCRIPTION MEDICATIONS

I give my permission to the camp's health supervisor, or other health center staff, to administer non-prescription, over-the-counter medications to my child based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or ibuprofen, for mild fever or pain; Benadryl or Claritin, of allergy symptoms; Pepto-Bismol, for diarrhea; cortisone cream, for bug bites; calamine, for poison ivy; and so on.

7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused by my child, including any acts of graffiti.

8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/ or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

9. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Mt. Lebanon.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

PARENT/ GUARDIAN'S SIGNATURE

DATE

Camper's Name: _____ Church _____

INSURANCE INFORMATION (You may attach a photocopy of your current Health/Accident Insurance Card.)

Insured Member's Name: _____ Member ID _____

Health Insurance Provider: _____ Group ID _____

Health Insurance Provider Phone Number(s): _____

Primary Care Physician: _____ Phone: _____

GENERAL HEALTH INFORMATION (If necessary, attach additional copies of information which address camper health concerns.)

List any health concern/issue that would be relevant to an attending physician in the case of an emergency: _____

List any chronic or recurring illnesses or diseases: _____

List any food, medicine, or other significant allergies: _____

List any pre-existing injuries which occurred **BEFORE** attending camp: _____

Date of last tetanus shot (you can write "current"): _____ (Attach current shot record - Optional)

CAMPER MEDICAL POLICY AND INSTRUCTIONS

1. All medications must be properly labeled and kept in original containers. Check expiration dates. No expired medications will be given.
2. All prescription and non-prescription medications must be presented to camp health center personnel upon arrival at Mt. Lebanon.
3. All medications must be stored and dispensed from the camp health center (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
4. Diabetics must bring a copy of their Diabetes Management Plan.
5. Non-prescription medications such as vitamin supplements or pain relievers will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
6. EpiPens or emergency inhalers may be kept with the camper. (Please send an extra one to be kept in the health center) Health center personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not completely relieved the camper must be brought to the health center for evaluation.
7. List any medical problem, medical alert, allergy, or other relevant health concern/issue under **General Health Information**.
8. List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the **Medication Dosage and Frequency Chart**.
9. Place all medications and a copy of Page 2 of this form in a heavy-duty, quart sized zip-lock bag with the camper's name and name of church written with a permanent black marker on the outside of the bag.

MEDICATION DOSAGE & FREQUENCY CHART

Place all medications and a copy of this page in a heavy-duty, quart sized zip-lock bag. Print the camper's name and name of church on the outside of the zip-lock bag using a permanent black marker. If necessary, make additional copies of the Dosage and Frequency Chart.

Medication	Dosage/Time	Monday	Tuesday	Wednesday	Thursday	Friday
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____