

2021 Tallgrass Christian Camp Health Information

Camper Information

Full Name: _____
Age: _____ Sex: _____ Birthdate: ____/____/____ Grade Entering in the Fall: _____
Full Address: _____

Emergency Contacts

Parent/Guardian

Name: _____

Relationship: _____

Phone: _____

Phone: _____

E-mail: _____

Parent/Guardian

Name: _____

Relationship: _____

Phone: _____

Phone: _____

E-mail: _____

Additional Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Phone: _____

E-mail: _____

Camper's Current Physician: _____ Phone: _____

Health Insurance Provider: _____

Name of Insured: _____ Policy ID: _____

Special Considerations

Camp life is varied, including challenging outdoor and learning activities. The health, safety, and well being of each camper is paramount to us. To help ensure your child a successful camp experience, please provide any pertinent information regarding special needs below. Should you need more space, feel free to write on the back or include attachments.

Activity restrictions apply. No activity restrictions.

Please specify activity restrictions: _____

Dietary restrictions apply. No dietary restrictions.

Please specify dietary restrictions: _____

Allergy concerns apply. No allergy concerns.

Please specify allergies: _____

Medication required. No medication needs.

Campers are not allowed to administer their own medications. Please bring all medications (prescription and/or over-the-counter drugs) in original containers to give to the camp nurse at registration. Here, please list medication(s) your child **will require** at camp. If there are several medications, please continue with these details on the back or include attachments.

1. Medication Name: _____ Dosage _____ Frequency _____

2. Medication Name: _____ Dosage _____ Frequency _____

Please initial the medicine your child may be appropriately administered by the camp nurse:

_____ Acetaminophen (Tylenol)

_____ Aloe gel

_____ Antibiotic cream

_____ Benadryl

_____ Calamine lotion

_____ Cortizone 10 cream (anti-itch)

_____ Ibuprofen (Advil)

_____ Pectin throat drops

_____ Pepto Bismol

_____ Tylenol

_____ Tums

Other Special Needs

Please describe: _____

Immunizations

The American Academy of Pediatrics, American Camp Association, and the Center for Disease Control recommends campers be current on all vaccinations required by the state for public school attendance.

Are your child's immunizations current?

YES **NO**

If your camper has not been fully immunized, please sign the following statement:

I understand and accept the health risks posed for my child in not being fully immunized.

Releaser Signature _____

Relationship to Camper: _____

Date: ____/____/____

2021 Tallgrass Christian Camp Consent Form

Medical Release

The health history is correct so far as I know. The individual described has permission to engage in all prescribed camp activities except as noted. In case of medical emergency, if I cannot be contacted, I hereby give permission to a camp representative and the physician he/she selects to secure proper treatment, including: hospitalization, ordering injections, giving anesthesia, x-rays, routine tests, treatment, transporting of child, or performing operations as may be urgently necessary for this child and to release reports necessary for insurance purposes for my son/daughter noted above. This form may be copied for emergency purposes. I understand that every effort will be made to contact the camper's responsible parent or guardian. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

Liability Release

In consideration of being permitted to participate in any way in Tallgrass Christian Camp (TCC) activities, I, for myself, my child, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue TCC, any Church of Christ, its officers, employees, and agents, from liability from any and all claims including the negligence of TCC, any Church of Christ, its officers, employees, and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to activities and attendance at TCC. Participation in activities at TCC carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Activities at TCC require an average level of physical fitness, I warrant that my child is physically fit and able to participate in all camp activities except those listed above. I also agree to **INDEMNIFY AND HOLD HARMLESS** TCC, any Church of Christ, its officers, employees, and agents, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, as a result of my child's attendance and involvement in any activities at TCC, including any claim asserted by my child after s/he becomes an adult. I also acknowledge that I have read the above and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing freely and voluntarily, and intend by my signature to a complete and unconditional release of all liability to the greatest extent allowed by law.

Publicity Release

I give Tallgrass Christian Camp (TCC) permission to audio, video, and photography of this registering camper for the purposes of TCC sales and promotions without compensation or approval rights.

Releaser Signature _____

Relationship to Camper: _____

Date: ____/____/____