

2022 TALLGRASS HEALTH/MEDICAL RELEASE

Camper First Name: _____ Last Name: _____

Mailing Address: _____ Date of Birth: ____/____/____ Male Female
circle one

City: _____ State: _____ Zip: _____

Parent/Guardian: Call 1st _____ Phone: (____) ____-____
circle one: Father Mother Guardian Other: _____

Emergency Contact other than above: Call 2nd _____ Phone: (____) ____-____
circle one: Father Mother Guardian Other: _____

Relation: _____ Phone: (____) ____-____

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:

____ Acetaminophine (Tylenol) ____ Ibuprofen (Advil) ____ Aloe gel ____ Pectin throat drops ____ Antibiotic cream
____ Pepto Bismol ____ Calamine Lotion ____ Tylenol ____ Cortizone 10 cream (anti-itch) ____ Tums

Other Special needs

Please describe: _____

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Measles: YES NO	Rubella: YES NO	Pneumococcal conjugate: YES NO
Hepatitis B: YES NO	Pertussis: YES NO	Covid: YES NO
Mumps: YES NO	Chickenpox: YES NO	Tetanus: YES NO
Diphtheria: YES NO	Polio: YES NO	Date of Tetanus Shot ____/____/____

PLEASE READ AND SIGN:

I hereby give my permission for Tallgrass Christian Camp, Inc. personnel to call a doctor or emergency service, and for the doctor, hospital, camp nurse, and/or medical service to provide emergency medical care for my child, _____ (first and last name) should an emergency arise. I understand that camp personnel will make a conscientious effort to contact me in the case of an emergency and before medical action is undertaken I/we accept the expense of emergency medical and/or surgical treatment (to the extent that it is not covered by insurance provided by the camp).

Parent/Guardian Signature: _____ Date: ____/____/____

PHOTO/IMAGE CONSENT FORM I hereby grant permission for this camper's photograph or image to be published on the public Internet site maintained by Tallgrass Christian Camp, Inc. and in any brochure or other printed publication created and distributed by Tallgrass Christian Camp, Inc.

Camper (please print): _____

Parent/Guardian (please print): _____

Parent's/Guardian's Signature: _____

Relation to Camper: _____ Date: ____-____-____

Does this camper have current medical insurance coverage? YES NO

Insurance company name: _____

Name of insured: _____

ID:# _____ Group:# _____

Please send copy (front and back) of insurance card with application.