

CRAN - HILL RANCH MEDICAL INFORMATION FORM

Please provide complete and accurate information. This information is gathered to assist us in identifying appropriate care. Any changes should be given to the camp health personnel upon participant's arrival at camp. This information is kept confidential.

CAMPER LAST NAME: _____

Complete in Ink

CAMP DATES: _____

Camper Full Name: _____ Gender: M F Date of Birth: ____/____/____

Parent / Guardian Name: _____ Home#: (____) _____ Work#: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

If not available in emergency, notify: _____ Home#: (____) _____ Work#: (____) _____

Insurance Information: None

Insurance Carrier or Plan Name: _____ Phone: (____) _____

Group / ID Number: _____

Physician Name: _____ Phone: (____) _____

Immunization History: Please provide the month and year for each immunization. (e.g. 5/06)

Tetanus booster _____ Hepatitis B _____ Polio _____ MMR _____ Homophiles Influenza b (HIB) _____

Check if these apply to this camper. If necessary, attach an additional page to describe health history in detail

Allergies:

- No known drug allergy (NKDA)
- Aspirin Penicillin
- Ibuprofen Acetaminophen
- Bee/Wasp Peanuts (any kind)
- List other allergies

Food Allergies (List/Describe)

Conditions:

- This individual has no chronic health concerns
- Diabetes Asthma
- ADD or ADHD Seizures
- Bed-wetting Back or Neck Injury
- Pregnancy Fainting spells or convulsions
- Nervous Disorder Kidney Related Disease
- Shortness of Breath Any Orthopedic Problems
- Cardiac or Pulmonary Condition or Disease
- High or Low Blood Pressure

- Other conditions/Special health needs/Physical limitations: _____
- Behavior Concerns (e.g. sleepwalking, night terrors, etc.): _____
- List recent operations or injuries (include dates): _____
- Recent exposure to contagious/infectious diseases: _____
- Any Activity Restrictions: _____

Current Medications:

Medications **must** be in original prescription container identifying: prescribing physician, medication name, dosage, time of administration.

- This camper takes NO medication on a routine basis
- This camper takes the following medications:

Medication	Reason for taking

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Non-Prescription Medications: The following are medications that are stocked in Cran-Hill's Health Center.

Check all Non-prescription medications we are permitted to administer:

- Acetaminophen
- Cough suppressant
- Dephenhydromine HCL (Benadryl)
- Antihistamine
- Ibuprofen
- Antacid
- Epinepherin (Epi-pen)
- Loperamide (Imodium)
- Antibiotic Ointment
- Hydrocortisone Cream
- Calamine Lotion
- Topical Analgesic

Important – Parent / Guardian signature is required in order for the camper to attend camp.

Photo Release & Follow Up: By signature below, I certify that photographs or videotape pictures of my child participating in Cran-Hill programs may be reproduced and utilized by Cran-Hill in promotional materials. I certify that for purposes of following up on my child's camp experience, Cran-Hill may release my child's name to a church or other youth organization.

Off Camp Release: The previously named camper has my permission to be transported for medical care or to participate in programs conducted off Cran-Hill property. It is understood that these programs are fully supervised by qualified camp staff.

Liability Release: I understand that this camper assumes personal risk by participating in activities at Cran-Hill Ranch. These activities include but are not limited to horseback riding, the Adventure Program, the Skate Park and aquatic activities. I understand that while participating activities this camper may be exposed to psychologically and physically stressful and challenging situations. I understand Cran-Hill Ranch provides safe equipment and the basic instruction needed for safety. I realize these activities are potentially dangerous by nature, therefore, I waive any claim that may arise against Cran-Hill and/or its employees as a result of this camper's participation in the program.

Medical Release: This health history is correct and complete as far as I know, and the participant herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for this camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed health form may be photocopied for medical use outside of camp.

Signature of Parent/Guardian: _____

Date: _____