

Westminster Woods Camp Health Information Form

Please turn this form in with your registration

Valid January 1, 2024 – December 31, 2024

Please return this form immediately.

Do NOT wait for camper arrival.

MINOR(S) INFORMATION (please print):

Full Name of Parents or Guardians _____

Address: _____ City: _____ State: _____ Zip _____

Name of Camper #1 _____ Gender: _____

Date of Birth: ____/____/____ Grade in January 2024 _____ 2024/2025 School Year _____

Name of Camper #2 _____ Gender: _____

Date of Birth: ____/____/____ Grade in January 2024 _____ 2024/2025 School Year _____

Name of Camper #3 _____ Gender: _____

Date of Birth: ____/____/____ Grade in January 2024 _____ 2024/2025 School Year _____

Name of Camper #4 _____ Gender: _____

Date of Birth: ____/____/____ Grade in January 2024 _____ 2024/2025 School Year _____

(Some medical facilities may require a Social Security Number to provide treatment. We will contact you if we need this information)

Please **initial** below for permission for all your children

My child/children may be given Acetaminophen for minor pain/headache: Yes ___ or No ___

My child/children may be given Ibuprofen for minor pain/headache: Yes ___ or No ___

HEALTH INSURANCE INFORMATION:

Health Insurance Company: _____ Phone Number: _____

Policy Number: _____ Group Number: _____

MEDICAL HISTORY and EMERGENCY CONTACT INFORMATION:

1) Parent/Guardian Contact Information

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____

Have Minor (s) had all school-required vaccinations? Yes _____ No _____

Date of last tetanus shot: Camper #1 _____ Camper # 2 _____

Camper # 3 _____ Camper #4 _____

Do Minor(s) have a communicable disease or medical condition that may be a risk to others? Yes or No

If yes, please describe: _____

Do Minor(s) have any drug allergies? Yes or No

If yes, please describe: _____

Please describe any special considerations regarding Minor(s) (medical conditions, food allergies, dietary restrictions, activity limitations, asthma, adhd, behavioral issues/concerns, etc.):

Camper #1 _____

Camper #2 _____

Camper #3 _____

Camper #4 _____

I hereby authorize medical treatment by any licensed hospital at the discretion of Brian or Diane Wheeler for the above-named youth at this retreat/camp sponsored by Westminster Woods Camp & Retreat Center, Inc. I also herby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and for my (or my child's) participation therein, and the publication or other use thereof, I waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use. I agree (or direct my child) to cooperate and conform to directions and instructions of personnel responsible for activities. I will indemnify and hold harmless Westminster Woods Camp & Retreat Center, Inc. and its officers, agents, servants or employees from any and all claims or causes of action by myself or by any other person or entity, and under no circumstances will present any claims against said organization and said persons for personal injury, property damage, wrongful death caused by any act of negligence by the camp. Recourse for the payment of any hospital, medical, dental or related cost and expenses will be paid either by me or my accident, hospital or medical insurance, or any available benefit plan of mine.

Parents/Guardian Legal Signature

Print Name: _____ I have legal custody of this minor Yes or No

Signature: _____ Date: _____

Witness Signature _____ Date _____