

MIRACLE CAMP - MEDICAL INFORMATION

Please bring this form with you to registration at camp. Absolutely no admittance to a camp session without this form on file. Please do not mail form.

Camper's Name (Please print): _____ M () F ()
Camper's Date of Birth: _____ Age: _____

HEALTH HISTORY

Major Hospitalizations, Surgeries, Injuries (Include year)

Allergies (Plant, Food, Insect, Medication, etc.)
(List allergy and treatment)

SPECIAL CONDITIONS

(Please check all that apply)

- () Shortness of breath () Frequent earaches, sore throats
() Exccema, skin rashes () Trouble passing urine
() Convulsions, seizures () Speech problems
() Heart trouble () Hayfever, asthma, wheezing
() Menstrual problems () Diabetes
() History of bleeding () Bedwetting
() Sleepwalking () Other _____

Usual treatment for condition(s) above:

MEDICATIONS

(List all medications the child is bringing to camp)

Table with 4 columns: Medication, Dose, Frequency, Purpose. Includes blank rows for entry.

IMMUNIZATION DATES

MMR _____ DP Tetanus Booster _____
Hepatitis B _____ Other _____

DATE OF LAST PHYSICAL _____
NAME OF PHYSICIAN _____
PHYSICIAN'S PHONE # _____

ALL medication must be turned in to the Health Officer. Prescription medicine must be sent in original prescription bottle with dosage instructions. The Health Officer has most over-the-counter medications. Please do NOT send over-the-counter medications unless your child has an allergy to commonly used medications. If you send any, send them in their original container along with usage instructions.

If your child uses an inhaler or epipen, does he/she need to carry it rather than turn it in to the Health Officer? _____

Has your child had or been exposed to any infectious conditions in the last two weeks? _____
If yes, please explain: _____

PERSON OTHER THAN GUARDIAN TO BE NOTIFIED IN EMERGENCY SITUATION _____
PHONE NUMBER: _____ ALT PHONE (Cell or Work): _____

Attach clear copies of both sides of your health insurance card OR fill in completely the information below.

INSURANCE INFORMATION

Name Policy Is In: _____ Policy Holder's Date-of-Birth: _____
Identification Number(s): _____
Insurance Company Name: _____
If Blue Cross/Blue Shield, List State: _____ Group Number: _____
Contract Number: _____ Service Code: _____
Address to Send Claim: _____
Employer Name: _____
Medicare: _____
Medicaid: _____
Additional Information: _____

It is expressly understood and agreed that Miracle Camp shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of Miracle Camp, or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of Miracle Camp acting within the scope of his or her employment.

I hereby grant permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also grant permission for medical personnel to obtain access to necessary medical, psychiatric or social work records. This form may be photocopied for use out of camp.

Parent\Guardian Signature: _____ Date: _____



RISK ACKNOWLEDGEMENT AND RELEASE FORM FOR PARTICIPATION IN CAMP ACTIVITIES

Please read this agreement CAREFULLY before signing. If the participant is a minor (under the age of 18), all documents must also be signed by either a parent or legal guardian. All reference to "participant" deemed to include the parent or legal guardian of any participant who is a minor.

Miracle Camp and Retreat Center programs may include participation in initiative courses and games, ropes courses, climbing towers and walls, the zip line, paintball, trap shooting, archery, hayrides, miniature golf, tobogganing, tubing, bonfires, hiking, camping in an outdoor setting, and riding in a Miracle Camp vehicle. The purposes of the program are to provide participants with safe, challenging, experiential activities which require problem solving, decision making, self and group awareness, trust, cooperation, care and consideration of others. The activities will be discussed in light of the program objectives that have been predetermined by Miracle Camp staff and leaders from your organization.

The participant is aware in signing this form that certain elements of the program are physically and emotionally demanding, and that not all hazards and dangers associated with the activities can be foreseen. The participant understands that certain risks, dangers and injuries, including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent to outdoor settings may exist in the program's activities. The participant also agrees it is impossible for Miracle Camp and Retreat Center to guarantee absolute safety.

The participant understands and voluntarily assumes all such risks, dangers and injuries associated with participation in this program and agrees that neither Miracle Camp and Retreat Center, its director, staff nor other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to the participant in the absence of gross negligence imputable to Miracle Camp and Retreat Center. The participant further agrees to release, indemnify and hold Miracle Camp and Retreat Center, its director, officers, staff and agents harmless from or for any claims, causes or action, liabilities or damages that may arise as a result of or in connection with his/her participation in the program.

The participant expressly agrees to obey all of the program safety regulations and direction by the program's leaders. The participant voluntarily assumes and accepts responsibility for all risks, dangers and injuries resulting from either his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

The participant has read and understands the above form and understands the above Participant Agreement/Acknowledgment and Release Form. The participant's signature(s) on this document is also intended to bind his/her/their successors, heirs, representatives, administrators and assigns.

I have completed the Health and Medical History and will assume the responsibility for restricting any activities agreed upon and listed above. I assume full responsibility for my health and I certify that I am free of or will notify my instructor of any medical, physical or emotional conditions which might create undue risk for myself or others. I will exercise good judgment in regard to my own health, safety and well-being while participating in the program. If for any reason I question my ability to participate in the activity, I will tell my instructor prior to participation.

Signature: _____ Date: _____

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DUNES TRIP PERMISSION SLIP (FOR SENIOR HIGH CAMPERS ONLY)

During the senior high camp session each year, Miracle Camp and Retreat Center embarks on a day trip to Warren Dunes State Park with all of the senior high campers. At the dunes campers and staff can hike up the dunes, roll down the dunes, swim in Lake Michigan, and get messy in the ever popular clay pits!!! Each year this is a highlight of our senior high camp.

I _____ (name of parent), give permission for my child _____ (name of camper) to make a bus trip off the campus of Miracle Camp and Retreat Center to Warren Dunes, MI during the Senior High week of camp. The medical release form I signed for my teen's week of camp will be in effect for this trip, giving Miracle Camp leadership the authority to seek medical treatment in case of an emergency.

Signature: _____ Date: _____