

Health Form for Parents & Guardians Attending Deerhorn

Confidential Medical History & Understanding of Risk

(Completion and signature required for adult participants in Father/Son Camp or Family Camp)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Age _____ Sex M F

Height _____ Weight _____ Family Physician _____

Person to be Notified in Case of Emergency

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Medical History

1. Are you allergic to anything? (e.g. insect stings, drugs, food, plants, medications, etc)

No _____ Yes _____ If yes then:

What are you allergic to? _____

What happens during your allergic reaction? _____

Recommended Treatment _____

2. Do you have any conditions requiring regular medication? (e.g. Diabetes, Epilepsy, Heart Disease, Asthma...) No _____ Yes _____ If Yes, Condition: _____

What medications are you taking? _____

What time of day? _____

3. Have you had any recent injuries, illnesses, operations? No _____ Yes _____

If yes, what? _____

4. Do you have impairment of sight, hearing, speech, or motor skills? No _____ Yes _____

If yes, what? _____

5. Do you have any physical limitations (back, knees, neck, joint problems, etc.) that may be aggravated by physical exercise? No _____ Yes _____

If yes, what? _____

6. Do you have seizures, often feel faint, or have spells of severe dizziness? No _____ Yes _____

7. Do you have a history of heart problems or high blood pressure? No _____ Yes _____

If you checked yes, please note the following:

Participants with a history of heart problems and/or high blood pressure are at risk while participating in camp due to the physical demands involved. Research and history indicate that heart attacks and fatalities have occurred in some situations where individuals with pre-existing heart/high blood pressure conditions have participated in strenuous activities. Camp Deerhorn cannot guarantee your physical safety should you choose to participate.

Camp Deerhorn strongly encourages all adult participants to acquire written approval from their physician prior to participation in Father/Son or Family Camp.

Understanding of Risk

I am aware in signing this document for participation in the Camp Deerhorn Father/Son or Family Camp, that certain elements of the program can be physically demanding. I understand that although the staff will make efforts to minimize exposure to known risks, not all dangers and hazards can be foreseen. Furthermore, I am aware that certain dangers and risks exist in these activities that are beyond control of Camp Deerhorn and its staff. I understand that it is my responsibility as a participant to follow the safety standards, guidelines, and procedures established by Camp Deerhorn. If I do not understand specific instructions at any time I realize it is my responsibility to ask for clarity or assistance.

I understand that participating in the Camp Deerhorn Father/Son or Family Camp involves inherent risks of injury. I am physically and psychologically ready to participate and have consulted with my personal physician to the extent necessary to assure myself of the adequacy of my physical and psychological condition. I hereby assume all risks identified and unidentified, connected with my participation and accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in this program.

I have read the Confidential Medical History and Understanding Risk Form and fully understand it without question. The information I provided is accurate to the best of my knowledge.

Signature of Participant _____ Date _____

Printed Name of Participant _____