

2016 Heartland Camp Registration and Health Form

Return completed form with a \$60 payment. **Get it in early!** Camp limited to first 42 paid registrants. **Make check to: TRINITY PRESBYTERIAN CHURCH**
 Questions? Call Karen at 633-5491.

Camper Information:

Name (Last) _____ (First) _____ Gender: Male // Female (circle one)

Camp Session / Location (TDC) **AUGUST 1st – AUGUST 5th, 2016 / TRINITY PRESBYTERIAN CHURCH-TOPEKA**

Age _____ Birth date _____ - _____ - _____ Grade Completed 2016 _____ SS# (optional) _____ - _____ - _____

Parent or Guardian _____ Email for confirmation : _____ @ _____

Address: _____ City _____ State _____ Zip Code _____

Best # to be reached at _____ Secondary # _____ Other # : _____

Church Name _____ City _____

T-shirt Size (circle one) = **Child Large** **Adult Small** **Adult Medium** **Adult Large** **Adult X-Large**

Camp Session Requested 1st Choice _____ 2nd Choice _____

Roommate Request _____

Cost of Camp		\$
Discount/Scholarship	Dated Scholarship/Discount	(-)
Church Payment	My church has agreed to pay this amount	(-)
Presbytery of Northern Kansas	Presbytery of Northern KS pays 1/3 for members	(-)
	Total Fee Due	Total

I hereby affirm that I: _____ am the parent or legal guardian of the above named camper and I am authorized to execute this medical consent form on behalf of said camper.

Emergency Contacts:

Person 1: _____
 Phone Number: _____

Person 2: _____
 Phone Number: _____

Medical Professionals:

Doctor: _____
 Phone Number: _____
 Permission to Contact: Yes // No

Insurance Provider:

Provider: _____
 Policy Holder: _____
 Permission to Contact: Yes No
 Group #: _____ ID #: _____

Immunizations:

Are immunizations current? Yes ___ No ___
 Date of last Tetanus Shot ___/___/___
 (Parent/Guardian must be able to supply current immunization records and boosters if requested)

Physical Health History:

Does your child have or have they ever had any of the following?

- Back Problems
- Bleeding, Clotting
- Chest Pain, Dizzy, Passing Out
- Heart Murmur
- Glasses, Contacts
- High Blood Pressure
- Immunodeficiency
- Joint Problems (ankles, knees)
- Knocked Unconscious
- Mono (in the last 12 months)
- Skin Problems (itching, rash)
- Lice – Last date: _____
- Other

If you checked any of the above and feel explaining would help us serve your child best, please do so here:

Allergies:

Allergen	Anaphylactic Reaction	Epi-Pen	Last Reaction	Comments
	Yes // No	Yes / No		
	Yes // No	Yes / No		
	Yes // No	Yes / No		
	Yes // No	Yes / No		

Does your camper have asthma? Yes // No

If yes, please write down the triggers and any other information we would need to know to serve your child best:

Does your camper have diabetes? Yes // No

If yes, please answer the following:

Blood Sugar Range: _____ Last Reaction: _____

Please let us know information that can help us better serve your child: (ex: stressors, signs/behaviors indicating high/low blood sugar, action needed if blood sugar is high/low)

Recurring Health Issues:

Issue	Treatment

Mental Health:

Does your child have or have they ever had any of the following?

- Attention Deficit Disorder (ADD or AD/HD)
 Depression
 Disordered Eating
 Substance Abuse
 Learning or Processing Challenge
 Obsessive-Compulsive Disorder
 Panic, Anxiety Disorder
 Other Mental, Emotional, or Social Health Issue

If you checked any of the above and feel explaining would help us serve your child best, please do so here:

Nutrition:

Please check any of the following that apply to your child:

- No Dairy
 No Eggs
 No Wheat
 Vegan
 Vegetarian
 Other: _____

Medications:

Name of Medication	Dosage	Time Administered	Reason

Your frankness about any physical or emotional disability will help Day Camp staff and leaders work more effectively with your child.

Please notify Camp Staff if the camper is exposed to any communicable disease during the three-week period prior to camp attendance.

Is the camper in general good health and able to participate in all normal camp activities? Yes // No

In signing this application, I hereby certify that the above information is correct and give permission for the release of medical records in case of illness or accident.

In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by Heartland Center Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named above.

I give my child permission to participate in all camp activities including challenge course – both high ropes and low ropes appropriate to my child's age as well as horseback riding and archery, if offered. I understand that Heartland trains their staff and inspects their equipment and stock regularly to reduce risk. I understand there are still inherent risks with all camp activities. I release Heartland and all its employees from any liability related to my child's participation in camp activities. Participating in the challenge course may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur. Under Missouri Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised Statutes of Missouri.

I give permission for Heartland to administer the following over-the-counter drugs or their equivalent (in accordance with product labeling) to my son/daughter if deemed necessary by the Heartland Center Health Care Manager: Tylenol, Pepto-Bismol, Maalox, Ibuprofen, Claritin, Benadryl, Cough/Throat Spray, Eye Drops/Visine, and Swimmer's Ear Drops, Calamine Lotion, Ivy Dry.

I agree to allow my child (or myself) to have his/her picture taken and those pictures to be used in Heartland Center publicity. My child agrees to follow all camp rules & expectations and I will arrange transportation home at any time for my child if camp director requires it due to behavior or illness.

Signature of Parent/Guardian _____ Date _____