

Higher Ground Summer Camp Health Evaluation Form

OFFICE USE ONLY

Date Rec'd _____

Participant

Volunteer Staff

Health Staff Comments: _____

The participant or participant's parent/guardian (if participant is a minor) must sign this form before he or she may participate in *any* activities at Higher Ground. All information will be kept confidential and will only be shared with camp directors, nurse, and other persons when deemed necessary.

Participant Information

Name _____ (Circle): Male / Female
First Name Middle Initial Last Name

Home address _____
Street Address City State/Province Zip/Postal Cde

Home phone (_____) _____ Cell phone (_____) _____ Work phone (_____) _____

Date of birth _____ Age at end of camp _____

Parent(s)/guardian(s) names (If participant is a minor): _____

Parent Home phone & Work phone if different than above: _____

Emergency Contact

Person to contact in emergency (In addition to parent/guardian) _____

Address of emergency contact _____ Phone number (_____) _____

Physician's name _____ Physician's Phone number (_____) _____

Insurance Information (Please attach a copy of insurance card or form.)

Is the participant covered by family medical/hospital insurance? Circle: **YES** / **NO** (If NO, see below)

If **YES**, indicate carrier or plan name _____ Group _____

Carrier address _____ Carrier phone number (_____) _____

Name of insured _____ Relationship to participant _____

Social security number of policy holder or insurance ID number _____

Please read and sign the following: I understand that Higher Ground *does not* provide personal medical or health insurance and that I am personally responsible for any expenses incurred as a result of illness or injury while at Higher Ground.

Signature of participants over 18 years of age or parent/guardian (for minors) _____

Medications Being Taken (Please list ALL medications, including over-the-counter or nonprescription drugs, taken routinely. No medications should be brought to camp except prescription or allergy medications, i.e., no aspirin, Tylenol, etc. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. Vitamins may be brought, but must be turned in and dispensed by health care personnel.)

Does the participant take medications? (Circle): **YES** / **NO** If **YES**, please list and describe medications below. (*Participants taking medication for emotional or mental health should have a history of taking the same medication at the same dose for three months prior to camp.)

Name of Medication	Dosage	Specific times taken each day	Reason for taking
Med #1		am/pm	
Med #2		am/pm	
Med #3		am/pm	

Please note if not taking during camp

Health History (To be filled out by parent/guardian [if participant is a minor], or adult staff member, or licensed physician of camper/staff member. This information is used to: a) brief food service staff about dietary needs, b) educate counseling staff about participant needs, and c) provide camp healthcare personnel the background to provide appropriate care. Please be as thorough as possible.)

General Questions: (Explain "YES" answers below.)

1. Ever have chest pain during or after exercise?	YES / NO	5. Have you been exposed to an acute infection in the last month?	YES / NO
2. Ever passed out during or after exercise?	YES / NO	6. Ever have recurring headaches?	YES / NO
3. Ever been dizzy during or after exercise?	YES / NO	7. Ever had emotional difficulties for which professional help was sought?	YES / NO
4. Ever had seizures?	YES / NO		

Please thoroughly explain any "YES" answers, noting the number of the question(s).

****IMPORTANT**** Do you authorize giving over the counter medication (for headaches, upset stomach, rashes, etc.) by staff/nurse on an as needed basis? Circle Yes / No

Immunizations/Diseases

Diseases	Date of Illness	Date of Immunization IF APPLICABLE	Date of last booster IF APPLICABLE	Diseases	Date of Illness	Date of Immunization IF APPLICABLE	Date of last booster IF APPLICABLE
DPT (Diphtheria, pertussis, tetanus)				MMR (measles, mumps, rubella)			
Tetanus				Hepatitis B			
Polio				Chicken Pox			

Chronic Concerns (Check all that pertain to the participant and provide information about supportive health care.)

- Has **NO** chronic health concerns and is capable of full participation in this program.
- Has the following chronic health concern(s):
 - Anemia
 - Diabetes
 - Headaches
 - Menstrual cramps
 - Sleepwalking
 - Asthma
 - Frequent colds
 - Heart disease
 - Neurological disease
 - Skeletal disease/injury
 - Bedwetting
 - Frequent ear infections
 - Kidney disease
 - Other (please describe):

Provide information about supportive health care needed for each checked item:

Allergies (List all known.)

Medication allergies (list):

Describe reaction and management of the reaction:

Food allergies (list):

Describe reaction and management of the reaction:

Other allergies (list – including insect stings, hay fever, asthma, etc.):

Describe reaction and management of the reaction:

Restrictions (Provide specific instructions concerning any dietary restrictions or limitations or adaptations to activity that are necessary.)
Note: It is the responsibility of the participant to manage dietary restrictions and activity limitations and/or adaptations.

Additional Health Information (Provide any additional information about the participants' behavior and physical, emotional, or mental health about which the camp should be aware.)

Consent

IMPORTANT for minors: In case of illness or accident during the trip to and from Higher Ground Summer Camp, or while at camp, and when Higher Ground is unable to contact us through reasonable effort, we the parents/guardians of _____, hereby consent to the giving of any and all emergency medical care to our child named above that may be deemed necessary by an official of the Camp in consultation with any physician or hospital without obtaining further consent. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parent/guardian's signature

Date

Parent/guardian's signature

Date

Release and Covenant Not to Sue

We, the undersigned, the Applicant and parent/guardian of a minor Applicant, in consideration of the Applicant being allowed to participate in the Higher Ground Summer Camp hereby agree as follows: This document is a covenant not to sue and to release, indemnify and save and hold harmless Generations Camp Ministries, a California corporation, all its affiliated organizations and boards of trustees or directors, officers, agents and employees and volunteers (herein collectively "GCM"), from and against claims or suits brought against the GCM or its affiliated bodies for bodily, psychological or emotional injuries sustained by the Applicant arising out of Applicant's attendance Higher Ground summer camp or any of its activities, whether said injuries are caused by GCM's negligence or not.

This release shall not be applicable to claims covered and fully compensable by no-fault medical or accident insurance carried by the GCM for Higher Ground activities, liability insurance carried by GCM for its negligence, or insurance carried by the parents or Applicant, but shall be fully applicable to that portion of said claim that is in excess of policy limits or for claims which are not covered by said insurance.

THE UNDERSIGNED HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND AND AGREE WITH ALL OF THE ABOVE.

Applicant's signature

Date

Parent/guardian's signature

Date

Parent/guardian's signature

Date

Form Checklist

- Have you filled out the form completely?
- Have you obtained parental/guardian signatures?** (for minors)
- Have you attached a copy of insurance card or claim form if covered by medical/health insurance?

Please submit this completed Health Evaluation Form to Shane Bazer, Operations Director
before arrival at camp.
Higher Ground Summer Camp
3809 Sparrow Pond Lane
Raleigh NC 27606

Should any significant changes in health status occur between the time this form is completed and when the participant arrives at camp, please communicate these changes in writing.