

Health History, Waiver and Statement Form

One copy cover all 2021 programs

Please print and return a hard copy to the church [ONE FORM PER CHILD/CAMPER](#)

Camper Name

Full name		Gender	M	F
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Emergency Contact Information – Please provide 3 contacts (WILL BE USE FOR PICK-UP PURPOSE AS WELL)

Name		Phone #		Relation to Camper	
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Health History

ALLERGIES: Any known allergies to food, drugs, or plants? Yes No **If yes, please explain:**

DIET RESTRICTIONS: Does your child have any diet restrictions/special dietary needs? Yes No **If yes, please explain:**

MEDICATION:

The camper will not take any daily medications while attending camp

The camper will take the following daily medication while at camp

Medication	Reason for taking it	Dosage	When it is given	Other Comments

* **Medication must be in original container.** If your child takes any form of medication regularly during school, we request that it be taken during our programs as well.

Health Statement Parent Section

My child has been seen by a physician/healthcare provider in the past 12 months and can participate in the camp's program without limitations. I verify that all immunizations are current for the child named above

Physician Name: _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

_____ / _____ / _____

Parent's Signature _____ Date _____

Additional Comments (Things you want to highlight more, and you think we need to know)

Medical Release and Authorization

As Parent and/or Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination, and immunizations for the named child. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to New Song Church and its affiliates, including staff, coordinators, and camp counselors, to provide the needed emergency treatment prior to the child’s admission to the medical facility.

Release authorized on the dates and/or duration of the registered camp session(s). This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Informed Consent/Waiver and Acknowledgement

I hereby give my approval for my child’s participation in any and all activities prepared by New Song Church during the selected Spring & Summer Programs. In exchange for the acceptance of said child’s candidacy by New Song Church, Summer Programs, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless New Song Church, there parent company and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp/program sessions. In case of injury to said child, I hereby waive all claims against New Song Church including all staff, coordinators, camp counselors, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event/program. I give permission for New Song Church, Camp Hope Ministries, Inc., and/or the ELCA to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other media-related vehicles any photographs, videos, audios, or other material in which my child may have appeared, spoken, written or otherwise been represented (*No identifying personal information will be associated with the image*).

My signature on these forms indicates acceptance of all rules and policies of New Song Church Spring, Summer Programs and that I am certifying that my child is healthy and capable of full active camp participation and is capable of understanding and following all rules.

PARENTS/GUARDIAN AUTHORIZATION

Printed Name of Parent or Guardian

Signature of Parent or Guardian

____/____/____
Date