



Camper Health & Release Form

The information on this form is **confidential** and is used to assist us in identifying appropriate care. It is imperative that parents fully disclose camper's cognitive, physical, behavioral &/or emotional disabilities &/or conditions.

Camper's Name _____ Birth Date _____ Sex _____ Age _____

Parent / Guardian _____

Home Address _____ Street _____ City _____ State _____ Zip _____ Phone _____ Area / Number _____

Work _____ Street _____ City _____ State _____ Zip _____ Phone _____ Area / Number _____

Second Parent / Guardian / Emergency Contact _____

Home Address _____ Street _____ City _____ State _____ Zip _____ Phone _____ Area / Number _____

Work _____ Street _____ City _____ State _____ Zip _____ Phone _____ Area / Number _____

If not available in an emergency, please contact:

Name _____

Address _____ Street _____ City _____ State _____ Zip _____ Phone _____ Area / Number _____

Health History

(give approximate dates)

- ____ Frequent Ear Infection
- ____ Heart Defect / Disease
- ____ Cancer
- ____ Seizures
- ____ Diabetes
- ____ Bleeding / Clotting
- ____ Asthma

Disorders

- ____ Hypertension
- ____ Mononucleosis

Disease

- ____ Chicken Pox
- ____ Measles
- ____ German Measles
- ____ Mumps

Allergies (please check)

- ____ Hay Fever
- ____ Poison Ivy
- ____ Insect Stings
- ____ Penicillin
- ____ Foods
- ____ Other (specify) _____

Camper's Weight:

Chronic illness, medical conditions, or physical, cognitive, or psychological disabilities _____

Are there any special restrictions, considerations or activities from which your child should be exempted as a result of the aforementioned conditions or disabilities? Y ____ N ____ If yes, please explain _____

Current medications _____

Does your child take any other medications during the year? Y ____ N ____

If yes, please list _____

Dietary restrictions _____

Please list and explain the nature of allergic reaction to any foods, drugs, etc. _____

For Female

Has this person menstruated? ____ If not, has she been told about it? ____

If so, is her menstrual history normal? Y ____ N ____

Other factors that may effect your child's participation in camp activities _____

Name of Physician(s) _____ Phone _____

_____ Phone _____

Name of Dentist / Orthodontist _____ Phone _____

Preferred Hospital _____

Do you carry family medical / hospital insurance? Y ____ N ____

If yes, indicate: Carrier _____

Policy / Group # _____

Immunization History

Required immunizations must be determined locally. Please record the date (month & year) of basic immunizations and most recent booster doses. Parent/Guardian may fill in this information using their home health record or may obtain a copy from their family doctor and attach it to this form.

Camper's Printed Name _____

Vaccines	Year of Basic Immunization	Year of Last Booster
DPT Diphtheria Pertussiss (Whooping Cough) Tetnus or		
TD Tetnus Diphtheria or		
Tetnus		
Oral Polio (Savin) TOPV		
Injectible Polio (Salk)		
Measles (Hard Measles, Red Measles, Rubeola)		
Mumps		
Rubella (German Measles, 3-Day Measles)		
Tuberculin Test Given _____ (Most Recent)		
Haemophilus Influenza b (HIB)		
Hepatitis A, B, or C		
Other (Please list):		

Summit Vision & 7Summits Day Camp Parent/Guardian Agreement, Release, and Assumption of Risk

Important – This Box Must Be Completed for Attendance*.

**If for religious reasons you cannot sign this form, the camp should be contacted for a legal waiver, which must be signed for attendance.*

I, the undersigned, as a parent/legal guardian of the named child, in consideration of the services of 7Summits Camp, a program of Summit Vision, Inc., their agents, owners, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "SV"), hereby agree to release, indemnify, and discharge SV, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that participation in ropes course, climbing, initiative, watercraft, archery, and other outdoor activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities. **The risks include, among other things:** This program is based on the "challenge by choice" principle. At any time your child is free to withdraw from participation in all adventure challenge activities (as listed above) and their potential for: drowning, slips and falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases. Furthermore, SV/7Summits Camp employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a child's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to inform my child of the risks existing in this activity. My child's participation in this activity is purely voluntary, and I elect to allow him/her to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SV/7Summits Camp from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in summer camp activities or his/her use of SV/7Summit Camp's equipment or facilities, **including any such claims which allege negligent acts or omissions of SV/7Summits Camp.**

4. Should SV/7Summits Camp or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damages my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition my child may have.

6. In the event that I file a lawsuit against SV/7Summits Camp, I agree to do so solely in the state of Ohio, and I further agree that the substantive law of Ohio shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

7. I realize that any photos taken of my child during SV/7Summits Camp programs become property of SV and may be used in printed literature or marketing materials. I realize there will be no compensation for the use of said photos. If you **do not** want your child's photo used in marketing materials, please check here.

Authorization for Treatment: I hereby give permission to SV/7Summits staff to provide basic first aid treatment & care to my child within the scope of their training. I also give permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child including transportation in private vehicles if necessary. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for use on off site trips and programs.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in summer camp activities, I may be found by a court of law to have waived my right to maintain a lawsuit against SV on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, agree to be bound by its terms & consent to my child's participation in 7Summits Day Camp activities.

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date _____

Camper's Printed Name _____