

HEALTH HISTORY Has/does the participant:	Yes	No		Yes	No
Had recent injury, illness or infectious disease	___	___	Ever had high blood pressure.....	___	___
Have a chronic or recurring illness/condition.	___	___	Ever had back problems.....	___	___
Have frequent headaches.....	___	___	Ever had problems with joints.....	___	___
Ever had a head injury.....	___	___	Have any skin problems.....	___	___
Have frequent ear infections.....	___	___	Had mononucleosis in the past 12 months...	___	___
Ever passed out during or after exercise.....	___	___	Have problems with sleepwalking.....	___	___
Ever had chest pain during or after exercise	___	___	Have a history of bed-wetting.....	___	___
Ever had seizures	___	___	Ever had an eating disorder.....	___	___
Ever had an operation.....	___	___	Been diagnosed as ADD or ADHD.....	___	___
Ever had a serious injury.....	___	___	Been diagnosed with Epilepsy.....	___	___
Have frequent stomach problems.....	___	___	Females: menstruated.....	___	___

Please explain any "yes" responses. Use additional page if necessary. _____

Please describe any special health concerns not listed above of which the health supervisor should be aware? _____

Allergies: ___Hay Fever ___Poison Ivy ___Insect Stings ___Food _____
 ___Medication ___Other _____

Asthma: ___Severe ___Moderate ___Mild Triggers? _____

Nutritional/dietary restrictions: _____

Diabetic? ___No ___Yes Vegetarian? ___No ___Yes

Has the camper had any of the following? ___Measles ___Chicken Pox ___Mumps ___German Measles

Please indicate the date of the last immunizations/booster for (immunization form may be attached):

DTP _____ MMR _____ TD (Tetanus) _____ Hepatitis B _____ HIB _____

Does the camper know how to swim? ___Yes ___No ___Somewhat

List all regular medication (prescribed or over-the-counter) that will be taken while at camp.

Name of Medication	Reason for Medication	Dosage Required

PLEASE BRING MEDICINES TO BE TAKEN AT CAMP IN CLOSED VIALS WITH ORIGINAL PHARMACY LABELS INTACT. YOU WILL GIVE THEM TO THE HEALTHCARE SUPERVISOR AT CHECK-IN.

PHYSICIAN'S EXAM

(It is required that each camper has a physical exam within the last two years of their camp week. In lieu of a signature on this form, a copy of a physical exam completed by a physician within the last two years may be attached.)

Date of last exam _____

The applicant is under care for the following conditions: _____

Recommendations/Restrictions at Camp (Please describe in detail – use additional page if necessary) _____

Any medication or treatment to be administered at camp (name, dosage, frequency): _____

Any nutritional /meal plan: _____

In my opinion, the applicant's condition ___is / ___is not healthy enough to participate in a camp program.

Licensed physician's signature _____ Date _____

Printed Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Camp Gravatt wants to provide your child with the best experience possible and is interested in the spiritual, physical and social growth of your child. The following information will help our staff meet his/her needs in the best way possible. Use additional pages if necessary.

Grade entering in the fall _____

My child is attending an overnight camp for the first time.

My child has attended another overnight camp, but this is his/her first time at Camp Gravatt.

My child has attended Camp Gravatt before. # of years _____

I have other children attending Camp Gravatt the same week. Names/Grades _____

Please describe your child's feelings about attending camp. _____

Use the following scale (put a mark on the line) to let us know how the decision was made for your child to attend camp.

Totally Voluntary

Mutual Decision

Totally Involuntary

Decision completely camper's

Camper with encouragement

Decision made for camper

Does your child often get homesick when spending the night away from home? _____

Does your child have any fears of which our staff should be aware? Please list. _____

Are there any major events or significant situations of which we should be aware? _____

Has your child had any negative camp experiences of which we should be aware? _____

Are there any concerns your child is addressing that would be helpful for us to know? _____

What camp activities do you think your child will enjoy the most? _____

Anything else you'd like us to know that would help us give your child the best camp experience possible? _____

PERMISSION TO PARTICIPATE / RELEASE FROM LIABILITY / PHOTO RELEASE

This health history is correct so far as I know, and the camper herein described has permission to engage in all camp activities, except as noted by me.

By registering my child(ren) for camp and by my signature below, I indicate that I fully understand that many camp activities, including such things as the challenge courses (high and low ropes), swimming and waterfront activities, field games and other games and activities, dining hall activities, hiking, camping, wildlife study, canoeing, archery, and tent-time, to name a few, inherently carry risk.

On behalf of the child(ren) listed herein, I authorize them to participate fully in all camp-sponsored or related activities. On behalf of the child(ren) listed herein, and on behalf of their heirs, assigns, parents, guardians, and all other potential claimants, I waive and release Camp Gravatt, the Bishop Gravatt Center, and all officers, directors, employees, staff and volunteers, and all related entities, from liability of any kind related to the my child's or children's attendance at camp, be it in contract, tort, or other legal theory. I understand that this waiver and release is meant to be binding and comprehensive, and to include all claims of any nature whatsoever arising as a result of attendance at camp. I understand this waiver and release will apply equally to all potential claims regardless of whether negligence, gross negligence, or willfulness is claimed. I understand that this waiver and release is a condition of enrollment and participation in camp.

I further authorize Camp Gravatt to provide or authorize any transportation or emergency medical treatment that may be necessary for my child or children, if any should appear necessary. I understand the risks inherent in such transportation and treatment and intend the above waiver to apply equally to such transportation and treatment.

I also release Camp Gravatt to record—via still photo, video, audio, or other methods—likenesses of my child(ren) for use as promotional material to be used by Camp Gravatt, the American Camp Association, and its agents. I understand these recordings may be edited at the discretion of Camp Gravatt and may be published in promotional videos, brochures, websites, newspapers, and other media. I hereby waive all rights to compensation for the use of these recordings.

Printed Name _____ Relationship to Camper _____

Signature _____ Date _____