Dates Attending: ____________________

CAMPER
HEALTH, EMERGENCY AND AUTHORIZED INFORMATION FORM

Next Level Summer Camps – Liberty Mountain Snowflex Centre

Camper's Name ____________________ ☐ **Male** ☐ **Female**
Last **First** **Mid Int**

Birth Date ____________________

Home Address ____________________
Street **City** **State** **Zip**

Custodial Parent/Guardian Name ____________________ **Home Phone** ____________
Cell/Work Phone ____________

Second Parent/Guardian Name ____________________ **Home Phone** ____________
Cell/Work Phone ____________

IF ABOVE IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name ____________________ **Home Phone** ____________

Relationship ____________________ **Cell/Work Phone** ____________

Name of Physician ____________________ **Telephone** ____________

Name of Dentist/Orthodontist ____________________ **Telephone** ____________

Name of Optometrist ____________________ **Telephone** ____________

THIS BOX MUST BE COMPLETED FOR ATTENDANCE

I understand and certify that my child's participation in Next Level Summer Camps (NLSC) and its activities is completely voluntary and I have familiarized myself with NLSC's program and activities. I recognize that certain hazards and dangers are inherent in NLSC events and programs and I acknowledge that although NLSC has taken safety measures to minimize the risk of injury, NLSC cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by NLSC's rules, regulations and procedures for the safety of participants. I waive any claim against LPBC and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself.

This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.

AUTHORIZATION FOR TREATMENT: In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the camper. In the event I cannot be reached, I hereby give permission to the medical personnel selected by Next Level Summer Camp staff to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by Next Level Summer Camp to secure and administer treatment, including hospitalization, for my child as named on this form.

AUTHORIZATION FOR TRANSPORTATION: I hereby give permission for my child to be transported by camp staff for camp activities

AUTHORIZATION FOR USING LIKENESS: I hereby give permission for photographs/video including my child and/or myself to be used in the promotion of NLSC, the Liberty Mountain Snowflex Centre, and/or Liberty University.

Signature of Camper's Parent/Guardian: ____________________ **Date:** ____________

INSURANCE INFORMATION Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate Carrier or Plan Name ____________________ Group # ____________

Carrier address ____________________

Name of Insured ____________________ Relationship to participant ____________

Policyholder ID number ____________________

HEALTH HISTORY (to be completed by Parent or Legal Guardian of camper)

General Questions (Explain "Yes" answers below).

The participant has or has had:

1. Recent injury, illness or infectious disease?	† Yes	† No
2. Chronic or recurring illness/condition?	† Yes	† No
3. Been hospitalized?	† Yes	† No
4. In-Patient Mental Health Treatment?	† Yes	† No
5. Out-Patient Mental Health Treatment?	† Yes	† No
6. Surgery?	† Yes	† No
7. Frequent headaches?	† Yes	† No
8. Head injury?	† Yes	† No
9. Knocked unconscious?	† Yes	† No
10. Glasses, contacts or protective eye wear?	† Yes	† No
11. Frequent ear infections?	† Yes	† No
12. Passed out during or after exercise?	† Yes	† No
13. Been dizzy during or after exercise?	† Yes	† No
14. Seizures?	† Yes	† No
15. Chest pain during or after exercise?	† Yes	† No
16. High blood pressure?	† Yes	† No
17. Diagnosed with a heart murmur?	† Yes	† No
18. Back problems?	† Yes	† No
19. Problems with joints (e.g. knees, ankles)?	† Yes	† No
20. Orthodontic appliance being brought to camp?	† Yes	† No
21. Skin problems (e.g. itching, rash, acne)?	† Yes	† No
22. Diabetes?	† Yes	† No
23. Asthma?	† Yes	† No
24. Mononucleosis in the past 12 months?	† Yes	† No
25. Problems with diarrhea/constipation?	† Yes	† No
26. Problems with sleepwalking?	† Yes	† No
27. History of bed-wetting?	† Yes	† No
28. An eating disorder?	† Yes	† No
29. Head lice in the past two months:	† Yes	† No
If yes, was proper treatment given?	† Yes	† No

Please explain any "Yes" answers, noting question number. Give dates of occurrence.

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ALLERGIES: *1. List <u>all known</u> allergies. 2. Describe reaction if in contact with the allergen. 3. Describe how the reaction is treated.*

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The camper is under the care of a physician for the following conditions: ____________________

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Medically prescribed meal plan or dietary restrictions ____________________

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Are there any indications for restricting his/her physical activities in any way? ____Yes ____No Explain: ______________

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☐ Check here if all immunizations are up to date

If not, please explain ______________________________

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ROUTINE MEDICATIONS: List **<u>ALL</u>** medications (including nonprescription drugs) taken routinely. Bring only enough medication to last the entire time at camp. Medications **<u>MUST BE</u>** labeled with a pharmacy label including directions, name of medication, name of physician. **<u>DO NOT</u>** bring any over-the-counter medications unless accompanied by a signed physician order.

Medication	*Dose*	*Time to Give*	*Reason for taking*	*Route*	*#*	*Int.*

Camp staff use only

Please list any additional information you think is pertinent to your camper's health while at camp ____________________

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