

Black Rock Winter Camp - Camper Health Screening Form

CAMPER NAME: (Last) _____ (First) _____

Jr. High Winter Camp – January 11-13, 2019.

Sr. High Winter Camp – February 8-10, 2019.

PARENT/GUARDIAN NAME: _____

DAY/CELL PHONE: _____ EVENING/HOME PHONE: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

1. Observable evidence of illness, injury, disability or communicable disease? (*Please leave #1 blank, to be filled in upon arrival.*)

2. Any pre-existing health conditions we should be aware of? _____

3. Activity Restrictions? _____

4. Medications

Medication Name	Description	Dosage/Frequency	Day1			Day2			Day3		

Comments: _____

5. Dietary Restrictions/Allergies? _____

6. Early Dismissal (Please list reason, date(s), time, name of person picking up camper? _____

7. Pick-Up Authorizations (Please list all persons authorized to pick up the camper at departure)

Name of person picking up	Relation to camper

I hereby certify that the health history information provided for the camper named above is correct so far as I know, and the person named herein has my permission to engage in all prescribed camp activities except as noted.

Authorization for Treatment: In the event I cannot be reached during an emergency, I hereby give permission for personnel selected by Black Rock Retreat to provide emergency care and treatment to the above named camper in the event of injury or illness. I also give permission for Black Rock personnel to secure needed professional medical treatment by a physician, EMS, or Emergency Room hospital staff as needed and to order X-rays, routine tests, treatment, and any necessary related transportation for me/or my child.

Parent(s)/Guardian(s) Signature: _____

Witness (*Signed by Camp Registrar*): _____ Date: _____