

SUMMER 2017 CAMPER HEALTH RECORD/MEDIA RELEASE

CAMP NOTRE DAME

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Please be sure to complete page 1 and 2.

1. PARENTS OR GUARDIANS **MUST** COMPLETE PARTS 1 – 4 and media release section 6.
2. PARENTS OR GUARDIANS **MAY ELECT** TO:
Either have Part 5A completed and signed by a doctor OR complete and sign part 5B themselves.
3. **THIS FORM MUST BE PRESENTED TO THE NURSE UPON ARRIVAL AT CAMP.**

PART 1 (Please Print Clearly)

NAME OF CAMPER _____ DOB: ____/____/____ AGE ____
Address _____ Male _____ Female
City _____ State _____ Zip _____ Phone (home) (____) _____
Parent or Guardian Name _____ Phone (work) (____) _____
Person to contact, other than listed above, if necessary while your child is at camp: Cell Phone (____) _____
Name _____ Relationship _____ Phone (____) _____

PART 2 IMMUNIZATION MEDICAL/HEALTH RECORD

2A. I certify that my child is current(up to date) on all state required immunizations Yes No If no, please explain on back.
2B. Please indicate the date of your child's most recent Tetanus shot _____ (Must be within 10 years)
2C. Is your child currently under a doctor /counselor's care? Yes No If yes, please explain on back
2D. Bed Wetter? Yes No Sleep Walker? Yes No Allergies? Yes No
Asthma? Yes No Medications? Yes* No

*List all medication/health instructions for your child while at Camp and the reason(s) why necessary on back of this form.
ALL MEDICATION MUST BE LABELED AND GIVEN TO THE NURSE. Your doctor should sign "Prescription" medication orders.

PART 3 PARENTAL CONSENT

I (we) authorize treatment for any minor injury or illness that occurs at Camp Notre Dame, including the administration by the nurse of any non-prescription medications. If doctor or hospital service is needed, treatment may be started. I (we) agree to be responsible for all expenses incurred for medication, treatment, injury or illness suffered by the camper during his/her stay at Camp Notre Dame. I (we) authorize the camp nurse to administer any prescription or non-prescription medications that accompany my (our) child to camp.

In case of emergency, do you have a preference of hospital and doctor? _____

Signature of Parent or Guardian _____ Date _____

PART 4 FAMILY HEALTH INSURANCE INFORMATION

Name and number of Insurance Company _____
Address _____ Phone (____) _____
Group Number _____ ID Number _____ Policy Holder's Name _____

PART 5A DOCTOR'S STATEMENT(optional)

May this child take part in usual camp activities? Yes No If NO please indicate restrictions on reverse.
Allergic or sensitive to any food, medicine or other substance? Yes No If YES please indicate restrictions on reverse.
Physician's Signature _____ Date _____
Address _____

PART 5B PARENT(S) WAIVER OF RESPONSIBILITY

In lieu of a physical examination by a licensed physician, (camper) _____ is in good physical and mental condition to participate in all Camp Notre Dame activities, I (we) _____, as parent(s) or guardian(s), do hereby assume full responsibility in attesting to said good physical condition, and therefore state that the above named camper is able to participate in all activities of the Camp program. It is further agreed that Camp Notre Dame is free of responsibility for any ill health consequences resulting from a condition or state of ill health of the above named camper prior to or at the time of his/her arrival at Camp Notre Dame.
Parent(s) or Guardian(s) Signature _____ Date _____
Parent(s) or Guardian(s) Signature _____

PART 6 2017 MEDIA RELEASE FORM

This authorization form shall serve as parental permission for the use of name, likeness and/or photographic image of a child/youth where such permission is required.

Please check one box below and sign:

I grant permission to CAMP NOTRE DAME, INC. I do not grant permission to CAMP NOTRE DAME, INC.

to use my child's/youth's name, likeness, and/or photographic image in the production of promotional brochures, media events, website and general marketing materials. I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify Camp Notre Dame in writing, all references to my child/youth (i.e., name, likeness, and/or photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that Camp Notre Dame is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image). I further understand that my child's/youth's name, likeness, and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

Name of Child (Please Print)

Signature of Parent or Legal Guardian

Date

Parent or Guardian Name(Please Print)

ADDITIONAL INFORMATION

2A. _____

2C. _____

2D. PLEASE INDICATE ANY PRESCRIPTION OR OVER-THE-COUNTER MEDICATIONS THAT YOU ARE LEAVING WITH THE NURSE WHILE YOUR CHILD IS AT CAMP:

Medication/Health Instructions or Restrictions/Limitations from Part 5(optional Doctor's Statement)

ANY OTHER INFORMATION THAT WILL HELP ENSURE A POSITIVE CAMP EXPERIENCE FOR YOUR CHILD:

