

MEDICAL/HEALTH FORM

(MUST be completed in its entirety and signed for child to attend KINGS Camp)

CAMPER'S NAME (FIRST & LAST—PLEASE PRINT) _____

MALE
 FEMALE

Does child go by a different FIRST name _____
(NOT nickname or pet name - i.e. Chris instead of Christopher or Ellie instead of Eleanor)

HAS CAMPER BEEN PREVIOUSLY DIAGNOSED BY A MEDICAL PROFESSIONAL AND/OR SOCIAL WORKER WITH ANY OF THE FOLLOWING?

- | | | | | |
|------------------------------------|--|-----------------------------------|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> ASPERGERS | <input type="checkbox"/> DYSLEXIA | <input type="checkbox"/> CELIACS | <input type="checkbox"/> CYSTIC FIBROSIS |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> ACID REFLUX | <input type="checkbox"/> DIABETES | <input type="checkbox"/> KIDNEY ISSUES: | <input type="checkbox"/> HEART ISSUES: |
| <input type="checkbox"/> MIGRAINES | <input type="checkbox"/> EPILEPSY/SEIZURES | | | |

OTHER: _____ PLEASE LIST OR EXPLAIN

Please note that our camp is open to all boys and girls; however, our program is not conducive to, nor do we have the staff and ability to handle severe health issues or cases of learning or physical disability that would otherwise require a full-time TSS or other special caregiver.

IN ADDITION, DOES CAMPER EXPERIENCE ON A RECURRING BASIS OR HAS CAMPER BEEN RECENTLY DIAGNOSED WITH ANY OF THE FOLLOWING?

- | | | | | |
|-------------------------------------|---------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> EARACHES | <input type="checkbox"/> HEADACHES | <input type="checkbox"/> STOMACH ISSUES | <input type="checkbox"/> SINUSITIS | <input type="checkbox"/> ASTHMA |
| <input type="checkbox"/> BEDWETTING | <input type="checkbox"/> SLEEPWALKING | <input type="checkbox"/> SORE THROATS | <input type="checkbox"/> NOSEBLEEDS | <input type="checkbox"/> TEMPER TANTRUMS |
| <input type="checkbox"/> SEIZURES | <input type="checkbox"/> HYPERTENSION | <input type="checkbox"/> RESPIRATORY ISSUES | | |

ALLERGIES: _____

FOOD INTOLERANCE: _____

MEDICATION INTOLERANCE: _____

WILL YOU BE SENDING PRESCRIBED MEDICATIONS AND/OR SPECIAL DIETARY FOODS TO CAMP? If yes, please list what you are aware of at this point: _____

OTHER HEALTH/MEDICAL INFORMATION NOT COVERED ABOVE: _____

HEALTH INSURANCE (PLEASE PRINT ALL INFORMATION):

Name of company: _____ Name of policy owner: _____

Policy # _____ Group # _____

ID # (IF DIFFERENT FROM POLICY OR GROUP #) _____

Please check here if the camper IS NOT covered under any health insurance policy—individual, family, or government program.

Medical and Photo Release Statement:

I hereby request permission for the above-mentioned minor camper to attend KINGS Camp. In my capacity as a parent (or guardian), I hereby waive any right that I, or said minor may have to sue Child Evangelism Outreach Inc. or any of its employees or board, or camp staff, paid or volunteer as a result of any and all accidental injuries, and damages, or losses sustained by the above-mentioned minor, while participating in the camp program and any activities associated with camp. I further agree to hold Child Evangelism Outreach Inc. and any of its employees or board members, or camp staff harmless and to bear the cost of their legal defense should any suit or equitable action be brought against them as a result of any and all accidental injuries, damages, and physical or personal losses suffered by the above-mentioned minor while at KINGS Camp. I also hereby appoint the camp directors, John J. and Gayle Stahlman, and the camp nurse on duty to act in my stead to give consent for transport to a medical facility, and for emergency or surgical treatment with the doctor of their choosing if I cannot be reached and if deemed necessary by medical professionals.

I also give permission for camp photos of my minor child to be used in future promotional flyers and other print media, as well as electronic media, such as the Child Evangelism Outreach Inc. website or ministry Facebook group page.

PRINTED NAME OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____