



P.O. Box 647, Phoenicia, NY 12464 • Ph (720) 935-2540 • storydanz@yahoo.com

Health History & Examination Form

The information on this form is not part of the camper acceptance process, but gathered to assist us in identifying appropriate care. **Health history must be filled out by parents/guardians of minors or by adults themselves.** Update required annually. **Physical must be completed by licensed medical personnel. Catskill Woodland Camp does not administer any routine medications at camp.** Medications must be administered before and after camp by a parent or legal guardian only.

Camper's Name: _____ Birth Date _____ Age at camp _____
Last First

Home Address _____

Social Security Number of Participant _____ Gender: Male Female

Custodial parent/legal guardian _____ Phone (home) _____ (cell) _____

Home Address _____

(If different from above) Street Address City State Zip

Business Address _____ Phone _____

Second parent/legal guardian _____

Address _____ Phone _____

Street Address City State Zip

Business Address _____ Phone _____

Street Address City State Zip

If not available in an emergency, notify:

Name _____ Relationship _____

Address _____ Phone _____

Street Address City State Zip

NOTE: If the camper has any pre-existing medical condition that CWC should be aware of, it is the parent/legal guardian's responsibility to notify us in writing prior to start of any program. The information will be held in confidence and used only to render assistance should the need arise.

Medical Conditions

Does this camper have any medical conditions of which the Day Camp staff should be aware? Please use this space to describe:

Restrictions *The following restrictions apply to this individual.*

Please explain any activity restrictions (i.e. what cannot be done, what adaptations or limitations are necessary):

6. Is the camper currently on any medication? _____ If yes, please indicate specific medicine(s) & dose(s)

7. Is the camper allergic to any of the following (describe reactions to any checked YES):

Medication (e.g. penicillin, aspirin) YES NO

Insect Bites (e.g. wasps, bees, spiders) YES NO

Foods (e.g. peanut s, shellfish) YES NO

Plant s (e.g. poison Ivy, nettles) YES NO

Please list any other allergies

8. Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware, as well as any other medical condition that may endanger, alter, or somehow limit the participant's abilities to participate in any Catskill Woodland Camp programs or activities?

9. Name of Health Insurance Carrier: _____ Group Plan# _____

10. Family Physician _____ Physician Phone: _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

This health history is true and accurate to the best of my knowledge. The person herein described has permission to engage in all Catskill Woodland Camp activities except as noted. I hereby give permission to the CWC staff to provide routine health care and seek emergency medical treatment including ordering x-rays, diagnostic procedures, surgical and other medical treatment. I agree to the release of any records necessary for medical treatment, referral, billing, or insurance purposes and I hereby acknowledge that I am responsible for all charges in connection with care and treatment rendered during this period. In the event that I cannot be reached in an emergency, I hereby give permission to the CWC staff to arrange for and/or provide related transportation for my child and further authorize any physician in attendance at any emergent care facility selected by CWC staff, to render any appropriate and necessary medical treatment. I authorize any urgent care that does not require transport to be administered by the CWC's designated Emergency Medical Technician (EMT).

Parent's/Legal Guardian's Signature

Print Name

Date



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PHYSICIAN'S SECTION *Must be Completed ANNUALLY*

CAMPER'S name: _____
Last Name First Name Middle Name DOB

I examined the above named on _____ Exam date must be within 24 months of camp attendance.

BP _____ Weight _____ Height _____ It is my professional medical opinion, that the above applicant : is, is not, able to participate in an active camp program.

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

Description of any limitations or restrictions on camp activities: _____

Known Allergies: _____

Catskill Woodland Camp does not administer any routine medications at camp. Medications must be administered before and after camp by a parent or legal guardian only.

Campers who need to carry Albuterol or an Epi-pen:

I request that the above named child be permitted to administer his/her medications under the supervision of a counselor. She/he has been instructed in and understands the medication's purpose, frequency, and appropriate method of use.

Physician's Printed Name Signature Date

As I consider him/her responsible, I will not hold Catskill Woodland Camp personnel responsible for any problems that may arise with regard to my child's self-administered medication.

Parent/Legal Guardian's Printed Name Signature Date

Please give dates of immunization:

Vaccine: Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DPT . . .	_____	_____	_____	_____	_____
Diphtheria . . .	_____	_____	_____	_____	_____
Tetanus . .	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Measles or . .	_____	_____	_____	_____	_____
Mumps or . . .	_____	_____	_____	_____	_____
Rubella . . .	_____	_____	_____	_____	_____
Haemophilus Influenza B . . .	_____	_____	_____	_____	_____
Hepatitis B . . .	_____	_____	_____	_____	_____
Varicella (chicken pox) . . .	_____	_____	_____	_____	_____

Signature of Licensed Medical Personnel: _____ Date _____

Printed: _____ **Title:** _____

Address: _____ **Phone:** _____



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Participant Agreement, Release & Assumption of Risk

In consideration of the services of Catskill Woodland Camp, instructors, staff, volunteers, participants, employees and all other persons or entities acting in capacity on their behalf (hereinafter referred to as "CWC"), I hereby agree to release, indemnify, and discharge CWC on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that hiking, camping, and stream/pond study, fire-building, shelter building, outdoor recreation, and all other camp-related outdoor activities entails known and anticipated risks that could result in physical or emotional injury, paralysis, death or damage to myself, my child (children), to property, or to third parties. I understand such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: Slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses, heat exhaustion); sunburn; dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; and improper lifting or carrying. I further acknowledge that CWC staff shall make every effort to carry out their duties safely and effectively, however, unforeseen circumstances may arise, including but not limited to, environmental and/or weather conditions, inability to provide comprehensive warning or instruction, equipment failure and the miscalculation of an individual campers ability to perform a given activity, which may hinder the customary job performance.
2. I expressly agree and promise to accept and assume all of the risks existing in enrolling my child (children) in this program. My child's (children's) participation in all CWC activities is purely voluntary and parent-approved I elect to enroll my child (children) in this program despite any risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold the CWC harmless of any and all claims, demands, or causes of action, which are in any way connected with my or my child's (children's) participation in CWC activities or my family's use of CWC's equipment or facilities, including any such claims which allege negligent acts or omissions of the CWC.
4. Should CWC or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold the CWC harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I or my child (children), or family members may cause or suffer while participating, or else I agree to bear the costs of such an injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I and my child (children), family may have.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. I hereby give permission for images of my child to be captured during regular and special camp activities and events through video, photo and digital camera, to be used solely for the purposes of CWC's promotional material and publications, and waive any rights of compensation or ownership thereto.
8. I understand that CWC reserves the right to use any and all photographic, written, or video material of all participants taking part in programs for promotional or commercial purposes such as, but not limited to, brochures, website, port folio, picture sales, etc. **By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CWC on the basis of any claim from which I have released them herein.**

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Parent/Legal Guardian's Signature _____ Print Name _____ Date _____

Parent or Guardian's Additional Indemnification

(Must be completed for participant s under the age of 18)

In consideration of _____ ("Minor") being permitted to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CWC from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Legal Guardian's Signature _____ Print Name _____ Date _____