



**HOUGHTON COLLEGE
MEDICAL RECORD & WAIVER FORMS
FOR: NEVER THE SAME CAMP**

COMPLETION AND RETURN OF THIS FORM TO THE CAMP DIRECTORS IS REQUIRED FOR ADMISSION TO THE CAMP.

Either Mail This Completed Form Prior To Camp Or Bring It With You To Registration.

Participant's Last Name (print) First Name Middle Initial

Parent's Last Name First Name Middle Initial

Home Address (Number & Street), City or Town, State, Zip Code

_____ Home Telephone Number	_____ Medical Insurance <i>Company/</i> Policy <i>Number</i> Your health insurance will be used for medical purposes. Camp insurance is supplemental. <u>Please include a photo copy of insurance card (front & back)</u>
_____ Business/Cell Telephone Number	

Camper's Age Camper's Date Of Birth E-mail

High School School Grade (Fall '08)

I give my permission for the directors of the Houghton College Summer Youth Camps to provide medical coverage for:_____. If I cannot be reached, in the case of an emergency, I hereby grant permission to the physician selected by the directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, surgery or other treatment as needed for the above mentioned camper. I have consulted with our physician to ensure that the person described here is fit to participate in physically intense activity. They have permission to engage in all program activities, except as noted.

Parent's Signature:_____

Date:_____

(over)

IMMUNIZATION RECORD

State Law Requires Exact Dates. We Must Have This Information In Order To Admit Your Child To Camp

DATE

- | | |
|---|-------|
| 1. DTP Series completed on | _____ |
| 2. Polio (IPV or OPV) Series completed on | _____ |
| 3. TD (Diphtheria/Tetanus) Must have had
Booster within 10 years | _____ |
| 4. Measles Vaccine* | _____ |
| 5. Mumps Vaccine* | _____ |
| 6. Rubella Vaccine* | _____ |
| *OR Combined as MMR | _____ |
| 7. Other | _____ |

MEDICAL RECORD

Are There Any Abnormalities In The Following Areas?

	No	Yes		No	Yes
1. Ears, Nose or Throat	_____	_____	7. Metabolic/Endocrine	_____	_____
2. Respiratory	_____	_____	8. Allergies	_____	_____
3. Cardiovascular	_____	_____	9. Neuro-Psychiatric	_____	_____
4. Hernia	_____	_____	10. Eyes (glasses)	_____	_____
5. Gastrointestinal	_____	_____	11. Genito-Urinary	_____	_____
6. Skin	_____	_____	12. Musculo-Skeletal	_____	_____

1. Have You Suffered Any Major Illness, Injury, Or Disability In The Past? Explain.

2. Have You Had Any History Of Anxiety Or Other Tension States, Eating Disorders Or Emotional Instability?

3. Are You *Currently* Under Treatment For Any Illness, Injury Or Emotional Disturbance? Specify:

4. Have You Any Known DRUG, INSECT, FOOD, or ENVIRONMENTAL Allergies? Please Specify.

5. Do You Carry An Epi-Pen? _____ Yes _____ No
6. Do You Carry An Inhaler? _____ Yes _____ No

Name of Dr.: _____
 (Print or Type)

Dr.'s Address: _____

Phone Number: _____

MEDICATION FORM

NYS Health Regulations **prohibit** campers under 18 years of age from keeping either **prescription** or **nonprescription** (OTC) medications in their rooms or on their persons while at camp with the exception of emergency medications such as certain inhalers and epi-pens.

- All medication **MUST** be left with the camp medical personnel and locked in a secure area.
- All OTC medications must be in **original containers** with the **original labels** and labeled with the **camper’s name**. **THE FORM BELOW MUST BE COMPLETED.**
- **PRESCRIPTION MEDICATIONS** must be in the **original pharmacy bottle** with the **camper’s name** and **dosage instructions**.
- No OTC medications will be given **unless the parent or guardian SUPPLIES the medication(s)** and gives permission specifying the drug and instructions for use.

I give permission for (CHILD) _____ to take the following:
 Medication(s): _____ Dosage: _____ For: _____

DATE: _____
 PARENT/LEGAL GUARDIAN’S SIGNATURE: _____

WAIVER FORM

MUST BE READ AND COMPLETED PRIOR TO CAMP REGISTRATION

In consideration of being allowed to participate in the activities and programs of Houghton College and to use its facilities and equipment, I do hereby waive, release and forever discharge Houghton College, its officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the above mentioned facilities.

It is the desire of Houghton College to provide an atmosphere that is both safe for the campers and secure for their personal belongings. Houghton College provides keys to all dorm rooms for a \$15.00 refundable deposit. Campers are responsible for making sure that their rooms are locked at all times. Campers are not allowed in anyone else’s room unless that person is present in the room. Houghton College assumes no responsibility for loss or theft of any personal items. We also reserve the right to inspect or search any room or its contents at our discretion without the permission of its occupants.

I also grant permission for photographs of my child to be used in the promotion of Houghton College, unless otherwise noted.

DATE: _____
 CAMPER’S SIGNATURE: _____

PARENT/LEGAL GUARDIAN’S SIGNATURE: _____

HOUGHTON COLLEGE MEDICAL HEALTH FORMS
EXAMPLE OF PROPERLY COMPLETED FORM.

To avoid lengthy follow these directions

REQUIRED ORGANIZATION OF RECORDS & DUPLICATE COPIES

- An adult from each church must thoroughly review all medical health forms before campers are allowed to board the bus to come to camp.
- The reviewer must initial each health form after approving that it contains all the necessary information.
- All medical health forms need to be collected and organized into a 3-ring notebook, **alphabetized by camper's last name.**
- Church must prepare an **alphabetized listing of all campers.** This list must be numbered and located in the front of each medical binder.
- Each church needs to make a **duplicate copy of all medical health forms.** Church must bring 2 identical 3-ring notebooks containing the medical health forms with them. One notebook must stay at Houghton College and the other notebook will go home with the church.
- Camp medications (in original containers and labels) must be separated by camper and placed in individual zip-lock bags with campers name clearly labeled on the front.
- All medication bags must be placed in a clear storage container (with closable top) and labeled with the church name on the outside.

PAGE 1

- All lines must be completed
- There must be a photo copy of the medical insurance card
- Parent or guardian must sign at the bottom of page 1

PAGE 2

- IMMUNIZATION RECORD:
 - Must be fully completed
 - DPT/polio date of completion of series
 - TD: must have had a booster within 10 years
 - Measles, mumps, rubella: must have had at least one injection
 - If parents are claiming a religious exemption: Parents must write a letter (and sign it) to the Houghton College Camp Medical Directors stating their religious objection to the immunizations
 - If parents are claiming a medical exemption: Parents must have a signed note from their family doctor stating why the injections cannot be given
- MEDICAL RECORD:
 - All areas need to be completed
 - Must have doctor's name, address & phone number
 - Doctor's signature is not required.

PAGE 3

- MEDICATION FORM:
 - Follow directions explicitly
 - Child's name must be on medication along with dosage & times to administer. Medication must be in original bottle with label
 - Parents must sign this form
- WAIVER FORM:
 - Must be signed by camper & by parent or legal guardian.

No Childhood Immunizations

I have not immunized my child due to my specific religious beliefs. Therefore, I am signing this waiver taking full responsibility for all medical matters regarding my child that may result from not having the specified shots.

Signature: _____

Relationship to child: _____

Furthermore, I do NOT hold NTS Camp or Houghton College responsible and/or liable for any health care needs that may arise due to the absence of specified immunizations during his/her stay at Houghton College.

My child's name: _____

Parent signature: _____

Date: _____

No Health Insurance Waiver

I do **NOT** have health insurance; therefore, I am signing this waiver taking full responsibility for all medical matters regarding my child.

Signature: _____

Relationship to child: _____

I _____ (parent or legal guardian) take full responsibility for any expenses related to my child's health, be it hospitalization, medicine, or any other cost related to injury or illness, while my child attends NTS at Houghton College.

Furthermore, I do NOT hold NTS Camp or Houghton College responsible and/or liable for any and all costs relating to my child's health care for any reason during his/her stay at Houghton College.

My child's name: _____

Parent signature: _____

Date: _____

Physician's Written Orders for Prescription Medications						
Students Full Name	Drug Name	Route	Dosage	Schedule & Indication	Comments	Physician's Signature

Physician's Written Orders for Non- Prescription Medications							
Students Full Name	Drug Name	Route - Please circle preferred formulation	Dosage	Schedule & Indication	Camper Health Care Provider Order	Comments	Physician's Signature
	Tylenol	PO	Per label	Q 4 hr prn for	Yes NO		
		(chewable tabs, elixir or tabs)	Instructions by age/weight	pain or fever > F			
	Ibuprofen	PO	Per label	Q 6 hr prn for	Yes NO		
		(chewable tabs, suspension or tabs)	Instructions by age/weight	pain or fever > F			
	Robitussin	PO	Per label	Q 4 hr prn for	Yes NO		
		(syrup)	Instructions by age/weight	cough			
	Pepto-Bismol	PO	Per label	Q 30 min. to 1 hr.	Yes NO		
		(liquid, or chewable tabs)	Instructions by age/weight	prn for diarrhea (no>8 doses/24hr)			
	Benadryl	PO	Per label	Q 6hr prn for	Yes NO		
		(elixir, chewable tabs, or pills)	Instructions by age/weight	allergic reaction (hives, insect bite)			
	Other	PO	Per label		Yes NO		
			Instructions by age/weight				