



HOUGHTON COLLEGE SUMMER CAMPS
MEDICAL RECORD & WAIVER FORMS

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

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

Home Telephone Number Cell Number Camper's Age / Camper's Date of Birth

Parent's Last Name First Name Middle Initial

Emergency Contact (if parent is not available) Phone Number

NTS CAMP

List which camp you are attending on the line above

INSURANCE - Please include a photo copy of the front and back of your medical insurance card.

NO HEALTH INSURANCE

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

Furthermore, I do **NOT** hold 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.

Camper Name: _____

Parent's Signature: _____ Date: _____

Camper's Name _____

IMMUNIZATION RECORD- New York State Dept. of Health requires the following information, with exact dates, to be completed prior to admittance to camp. If your child has NOT been immunized please fill out the waiver below.

| Shot | Date Given |
|-------------------------------------------------------------------------|------------|
| DTP Series completed on | |
| Polio (IPV or OPV) Series completed on | |
| TD (Diphtheria/Tetanus) <u>Must</u> have had Booster within 10 years | |
| Measles Vaccine* | |
| Mumps Vaccine* | |
| Rubella Vaccine* *OR Combined as MMR | |
| Other | |

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. Furthermore, I do NOT hold 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.

Camper Name: _____

Parent's Signature: _____

Date: _____

MEDICAL RECORD

Are There Any Abnormalities In The Following Areas?

| | | |
|----------------------|----|-----|
| Ears, Nose or Throat | No | Yes |
| Respiratory | No | Yes |
| Cardiovascular | No | Yes |
| Hernia | No | Yes |
| Gastrointestinal | No | Yes |
| Skin | No | Yes |

| | | |
|---------------------|----|-----|
| Metabolic/Endocrine | No | Yes |
| Allergies | No | Yes |
| Neuro-Psychiatric | No | Yes |
| Eyes (glasses) | No | Yes |
| Genito-Urinary | No | Yes |
| Musculo-Skeletal | No | Yes |

1. Have you suffered any major illness, injury, or disability in the past? Explain. _____
2. Do you have a 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. Do you have any known DRUG, INSECT, FOOD, or ENVIRONMENTAL allergies? Please Specify: _____

Camper's Health Care Provider Name: _____

Phone #: _____

Address: _____

MEDICATION ADMINISTRATION FORM

Camper's Name _____

PERMISSION TO TREAT

I give my permission for the directors of the Houghton College Summer Youth Camps to provide medical coverage for my child. 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.

Camper Name: _____

Parent's Signature: _____

Date: _____

PERMISSION TO PARTICIPATE

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 \$20.00 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.

Camper Name: _____

Parent's Signature: _____

Date: _____

TRAVEL PERMISSION

In certain situations, it may be necessary for the Houghton College Camps to transport your child to alternate sites. Although your child will be transported in certified vans or busses by qualified and experienced bus drivers, travel in motor vehicles on public roads always poses the possibility of risk. By signing this slip you are acknowledging that risk and granting permission to Houghton College Camp Directors to transport your child to one of these alternate locations. Please sign and mail this form to us ahead of time or bring with you to registration.

Camper Name: _____

Parent's Signature: _____

Date: _____