



CBM of SWPA MEDICAL RELEASE FORM

NO camper will be allowed at camp without a SIGNED Release Form

TO BE COMPLETED BY THE LEGAL PARENT OR GUARDIAN (PLEASE PRINT)

Camper's Name _____ Age _____ DOB _____ Weight _____

If your child has had any recent medical problems or illness, we strongly recommend a physician's examination.
A physician's medical report, including recommended restrictions, diet, or medicine should accompany this form.

Parent / Guardian _____ Cell # _____
Address _____ City _____ State _____ Zip _____
Family Physician _____ Physician Phone _____
Family Dentist _____ Dentist Phone _____
Health Insurance _____ Health Insurance ID _____

In case the Parent / Guardian CANNOT be reached in an emergency, please contact:

Name _____ Relation _____ Phone _____

HEALTH HISTORY

Check Each Item	YES	NO	Check Each Item	YES	NO	Check Each Item	YES	NO
Sinus Trouble			Seizures			Immunizations		
Hay Fever			Mononucleosis			Disabilities/Injuries		
Headaches			Hypertension			Operations		
Ear Trouble			Hernia			Dietary Restrictions		
Skin Trouble			Bleeding Disorder			Food Allergies		
Heart Trouble			Asthma / Lung			Medicine Allergies		
Tonsilitis			Athlete's Foot			Allergy - Insect Bites		
Hepatitis			Sleepwalking			Allergy - Poison Ivy		
Diabetes			Bed Wetting			Any other Allergy		

Please explain any YES answers and include treatment, if any: _____

CURRENTLY ON MEDICATIONS? _____ Yes _____ No Medications being brought to camp? _____ Yes _____ No

(Medications must be in pharmacy container.)

ALL MEDICATIONS will be self-administered by the camper under supervision of our first aid provider.

List Medications and give dosage instructions:

Med: _____ Dosage: _____ Time(s): _____

Med: _____ Dosage: _____ Time(s): _____

Med: _____ Dosage: _____ Time(s): _____

INDICATE IF PERMISSION IS GRANTED TO SELF-ADMINISTER THE FOLLOWING:

Check each item	YES	NO	Check each item	YES	NO	DOSAGE INSTRUCTIONS
Sunscreen	_____	_____	Tylenol	_____	_____	_____
Insect Repellant	_____	_____	Ibuprofen	_____	_____	_____
Antibiotic Ointment	_____	_____	Benadryl	_____	_____	_____
Tums	_____	_____	Cough Drops	_____	_____	_____

Does this camper have any activity restrictions? _____ Yes _____ No (If Yes, note on back page)

**Please read the RELEASE FORM on the next page. Sign and date the form.
(Registration will not be accepted without this information.)**





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Camper's Name (print) _____

Parent / Guardian Name (print) _____

This health history is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted. I also agree to the following statements:

- I hereby give permission to the first aid provider and personnel selected by the CBM staff to provide routine health care.
- I give permission to the first aid provider to oversee the self-administration of prescribed medications, over the counter medications, and seek emergency medical treatment, including ordering x-rays or routine tests.
- I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.
- I give permission to Camp Cornerstone to arrange necessary related transportation for my child for medical treatment.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Cornerstone to secure and administer treatment, including hospitalization, for the person named above.
- I hereby release Camp Cornerstone's management, directors, staff, volunteers, and their organizations from any and all negligence whether on my part or their part, directly or indirectly, as a result of sickness and/or accident during camp. This includes the risk of contracting Covid-19 and other illnesses during my child's participation in events at CBM of SWPA / Camp Cornerstone, and I voluntarily agree to allow my child to participate in the program knowing there are these risks.

Signature of Parent / Guardian _____ **Date** _____

Please note below any behavioral issues, traumatic events, physical restrictions, or other information that would be helpful to the camp staff and volunteers:
