



Zephyr Point Presbyterian Conference Center (ZPPCC) Child/Youth Medical Release Form 2018

To attend, all campers must be completely registered 7 days prior to the first day of camp.

Event Name: _____ Event date(s): _____
 Participant First Name: _____ Last Name: _____
 Birthdate: ____ / ____ / _____ Age during Camp: _____ Grade fall 2018: _____ Gender: ___ Male ___ Female
 Custodial Parent(s) / Guardian(s) Full Name(s): _____
 Primary Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (_____) _____ - _____
 Cell – parent/guardian 1: (_____) _____ - _____ Email: _____
 Cell – parent/guardian 2: (_____) _____ - _____ Email: _____

Transportation: I would like my child to be able to return home from camp with the following people (name of person(s)):

Parents must give written permission to ZPPCC if they desire anyone other than themselves to transport campers home from camp. You must have picture ID available at time of check out.

Emergency Contact Information

In case the parent(s)/guardian(s) cannot be reached in an emergency, please notify the following individual:

Name: _____ Relationship: _____
 Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Needs Assessment: ZPPCC desires to help meet each child's physical, social and spiritual needs. Please describe below how we might be of assistance in meeting your child's unique needs. Attach additional paperwork if needed.

Health History

Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If insufficient space is provided, please attach additional paperwork if needed.

Allergies: List all known allergies. Describe reaction and management of the reaction:

Medical allergies: _____
 Food Allergies or special diet needs: _____
 Other allergies: (includes insect stings, hay fever, asthma, animal dander, etc.): _____
 Does your child carry an epi-pen? YES NO If so, what for? _____

Yes	No		Yes	No	
___	___	Recent Injury, illness or infectious disease	___	___	ADHD / ADD
___	___	Chronic or recurring illness	___	___	Heart disease
___	___	Ever been hospitalized	___	___	If female, abnormal menstrual history
___	___	Ever had surgery	___	___	Eating disorder
___	___	Frequent headaches	___	___	Depression
___	___	Head injury	___	___	Sleep problems
___	___	Frequent ear infections	___	___	Psychiatric treatment
___	___	Ever passed out during or after exercise	___	___	Bed wetting (recently)
___	___	Had seizures	___	___	Respiratory problems
___	___	Diabetes	___	___	Other

Please explain any "yes" answers:

Are there any other medical conditions or restrictions we should be aware of? _____

Immunizations: Are all your child's immunizations current? YES NO **Date of last Tetanus:** _____

Health Insurance:

Do you carry family health insurance? Yes No Carrier: _____ Group ID # _____

Family Doctor of Health Care Facility: _____ Phone: (_____) _____ - _____

Medications: List ALL medications including over-the-counter or non-prescription drugs taken routinely (please note if the medication is only taken at home). Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications.

Medication #1: _____ Dosage: _____

Specific times to be taken each day: _____ Reason for taking: _____

Medication #2: _____ Dosage: _____

Specific times to be taken each day: _____ Reason for taking: _____

Asthmatics: (please initial one if applicable)

I give my child permission to carry an inhaler to self-administer for asthma related incidents. _____ (parent initial)

I prefer the camp health care personnel to keep my camper's inhaler and to help my camper determine when it is needed (recommended for day camp). _____ (parent initial)

What triggers your child's asthma? _____

What type of inhaler is prescribed? _____

Swimming level (circle): NONE BEGINER INTERMEDIATE ADVANCED

Media/Photography: (please select one box below)

I do ___ I do not ___ give permission for ZPPCC to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote and advertise ZPPCC. Permission defaults to ZPPCC if a choice is not indicated. (if you check "do not", your child will be excluded from the group photo).

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE: This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities and particularly, but not limited to: swimming, boating, and archery. I understand that ZPPCC has taken extensive safety measures, including the certification of select staff in First Aid, CPR and Water Safety as well as making every effort to aid the safety of all camp participants. I also recognize that ZPPCC cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release ZPPCC from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of ZPPCC.

I give permission to the camp staff to (1) administer the camper's routine medications, as needed medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for transportation records and for ZPPCC's office.

Signature of Parent / Guardian: _____ Date: _____

Please return this form by mail to:
Zephyr Point Presbyterian Conference Center Attn: Program Department
P.O. Box 289, Zephyr Cove, NV 89448
Or email to: program@zephyrpoint.org