

**HEALTH FORM AND LIABILITY WAIVER**

CAMP SESSION \_\_\_\_\_ DATES OF CAMP SESSION \_\_\_\_\_

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper's Social Security Number (optional) \_\_\_\_\_  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Church \_\_\_\_\_ Church City/State \_\_\_\_\_

**In order to assure the highest degree of enjoyment and to provide the fullest protection, each camper is required to present the following evidence, as well as any other evidence the camper or camper's parent/guardian deems appropriate, that his/her physical condition is such as to justify the expectancy of a healthy and safe camping experience.**

**\*PLEASE COMPLETE THE STATEMENTS BELOW. MARK N/A IF NOT APPLICABLE**

1. Heart trouble, diabetes, asthma, heart palpitations, or other pre-existing conditions we should be aware of:  
\_\_\_\_\_
2. Serious ivy, oak, or sumac poisoning reactions: \_\_\_\_\_
3. Insect sting reactions: \_\_\_\_\_
4. Reactions to Penicillin or other drugs: \_\_\_\_\_
5. Food allergies: \_\_\_\_\_
6. Other allergies: \_\_\_\_\_
7. Immunization history (**PLEASE CHECK ONE BELOW**):  
\_\_\_\_\_ YES- I verify that my campers immunization are up to date per the guidelines of the Texas Department of State Health Services and admissions requirements for school.  
\_\_\_\_\_ NO- I verify that my campers immunization are NOT up to date per the guidelines of the Texas Department of State Health Services and admissions requirements for school.  
\_\_\_\_\_ EXEMPT- My child is exempt from immunizations and I will provide a Vaccine Exemption Affidavit.
8. Any restrictions to Swimming/Diving or other restrictions: \_\_\_\_\_
9. Does the camper have any special needs? \_\_\_\_\_  
\_\_\_\_\_
10. Any limiting physical or health disabilities (temporary or permanent)? \_\_\_\_\_  
\_\_\_\_\_
11. Has the camper had any surgeries, please list surgery and date? \_\_\_\_\_

**CAMPER NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

Please list ALL medication that will need to be administered while at camp. If you are bringing medication, vitamins, or routine over the counter medication, they must be in the original manufacturer's container. Prescription medication must have your camper's name on the prescription bottle. Any sample prescription medication must be accompanied by a signed physician prescription.

**\*List all medications you are bringing to camp (some over the counter medications are available onsite)**

Name of Medication	Dose	Frequency	Breakfast	Lunch	Supper	Bedtime	As needed	Taken for
<i>EXAMPLE: Vitamins</i>	<i>1 Tab</i>	<i>Daily</i>						<i>Explain what the medication is for</i>

Other things we need to know about this camper:

➤ **List the name of the 1<sup>st</sup> parent/guardian to call in case of an emergency:** \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Which phone number of the 1<sup>st</sup> parent/guardian above should we call 1st in case of emergency?** \_\_\_\_\_

➤ **List the name of the 2<sup>nd</sup> parent/guardian/other to call if 1<sup>st</sup> cannot be reached:** \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Which phone number of the 2<sup>nd</sup> parent/guardian/other above should we call 1st in case of emergency?** \_\_\_\_\_

**\*Please provide a COPY of your Health Insurance Card, if applicable, at check-in:**

FAMILY HEALTH INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

SUBSCRIBER NAME \_\_\_\_\_ GROUP # \_\_\_\_\_

INSURANCE COMPANY PHONE # \_\_\_\_\_

FAMILY PHYSICIAN'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**Any financial obligation incurred will be covered by me personally or by the insurance policy listed above.** Our policy is to make every effort to contact parents only when it is necessary to take a camper to the doctor's office or a hospital. If you have any questions or concerns please talk to the camp medic during check-in.

*The information listed on this form is correct and complete. I hereby give permission for Lutheran Outdoors Ministry of Texas, Camp Lone Star, to administer the medication as directed on this form.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# LIABILITY WAIVER AND RELEASE FORM 2016



CAMPER NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I have read the information and understand the Head Lice Policy for LOMT programs. My signature below certifies that my child will be thoroughly checked for head lice and/or nits by myself or a health professional within 48 hours of my child boarding the bus or arriving at camp. I understand that once my child arrives at camp, he/she will be checked for head lice and/or nits again by the camp staff (as a part of the routine health screening of all campers). If head lice and/or nits are discovered, I will be notified to pick up my child from camp that same afternoon/evening. I understand that no refunds will be issued for children unable to participate in the camp program due to lice or nits.

My child, named above on this form, has permission to take part in all camp activities, and offsite activities under proper supervision. I understand that attempts will be made to contact me if my child requires emergency medical/surgical treatment, but if it is impractical to do so and/or until I can arrive at the scene, I hereby give my permission to the physician selected to secure proper treatment, to hospitalize, to order injections, anesthesia, x-ray, surgery, or any other medical procedure deemed appropriate by such physician for my child as named above. I have the authority to sign this form for my child for the dates listed above. I acknowledge that I have reviewed the activities that will be conducted during this camp program. I further acknowledge that my child has had a physical examination performed by a medical doctor in the past 12 months and other than the conditions noted on this form, my child has no other conditions, physical or mental, that would limit his or her participation in any of the activities to be conducted during this camp program. I understand that as the parent or guardian of the child named on this form, I am in the best position to know the health and limitations of my child, and that the camp and its personnel will be relying on the information you provide in this form in determining which activities may be appropriate for your child.

I acknowledge that I have full authority and capacity to execute this indemnification on behalf of myself and my child and I agree to indemnify Lutheran Outdoors Ministry of Texas, Inc. or any affiliate thereof, as well as their officers, directors, employees, staff and other personnel, volunteers, representative, consultants, agents and advisors (collectively, the "Indemnitee") against, and to hold each Indemnitee harmless from, any and all losses, claims, damages, liabilities and related expenses (including the fees, charges and disbursements of any counsel for any Indemnitee) incurred by any Indemnitee or asserted against any Indemnitee by any third party or by me individually or in my capacity as parent or guardian of my child arising out of (a) my child's presence at camp or any camp related site, (b) my child's participation in any activity at camp or any camp related site, (c) my child being transported from one location to another during the period covered by this form, (d) medical treatment, if any, that my child may require as a result of his or her attendance at camp or any camp related site or participation in any camp related activity or (e) any actual or prospective claim, litigation, investigation or proceeding relating to any of the foregoing, whether based on contract or tort or any other theory, whether brought by a third party or by me individually or in my capacity as parent or guardian of my child, **IN ALL CASES, WHETHER OR NOT CAUSED BY OR ARISING, IN WHOLE OR IN PART, OUT OF THE COMPARATIVE, CONTRIBUTORY OR SOLE NEGLIGENCE OF THE INDEMNITEE;** provided that such indemnity shall not, as to any Indemnitee be available to the extent that such losses, claims, damages, liabilities or related expenses are determined by a court of competent jurisdiction by final and nonappealable judgment to have resulted from the gross negligence or willful misconduct of such Indemnitee.

I acknowledge that my child named on this LOMT Health Form and Liability Waiver is expected to abide by guidelines as set forth by LOMT concerning safety and Christian principles and the laws of the State of Texas and all State of Texas regulations governing youth camps. I also acknowledge and give consent to photographs or videos being taken during this event and these reproductions may be used in routine publicity for programs of LOMT.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## Camper Release Form

\_\_\_\_\_ may be released to one of the following individuals:

**\*PLEASE INCLUDE AUTHORIZED PARENTS, GUARDIANS, AND PIONEER LEADERS**

	First & Last Name	Phone Number		First & Last Name	Phone Number
1			3		
2			4		

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_