

The Anglican Youth and Young Adult Department

RISEN AND REAL CAMP

Health Form

To be completed and signed by parent or guardian.

Camper's Name _____ Birth date _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Work telephone _____

Emergency Contact Information

Name _____ Contact number _____

Medical Information

Is your camper presently being treated for an injury or sickness or taking any medication? • Yes • No

If yes, please explain. _____

Does your camper have any allergies: yes • no • If yes please specify _____

Does your camper have, or has your camper ever had, any of the following? (Please check all that apply.)

• Asthma • Hay Fever • Kidney Disease • Diabetes • Heart Murmur • Seizure Disorders • Other

Please explain. _____

Camper's blood type _____ (if known) Does your camper ever sleepwalk? • Yes • No

Does your camper have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? • Yes • No

If yes, please explain. _____

Family Doctor: _____ Doctor's Telephone: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the camper named above, do hereby consent to the participation of my ward in all the scheduled youth activities of the Risen and Real Camp, and any other supervised activities customarily associated with the camp. Further, I certify that my ward is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my ward is injured or ill. I authorize _____ or _____ to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider.

(Note to Parent: you may add or delete a name as desired.)

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that the Anglican Church in the Diocese of Trinidad and Tobago will not be responsible for medical expenses incurred solely based on this authorization. I further agree to notify the youth director in writing of any health changes that would restrict ward's participation in any normal youth activities. I also understand that the camp coordinator and designated adult chaperones reserve the right to restrict my ward from any activity that they do not feel is within the physical capabilities of my ward.

Signature of Parent or Guardian

Date