



Minor Medical Release Form

Please include a photocopy (front and back) of any medical/card. This is necessary for emergency medical treatment and if prescription medication is lost or damaged.

Insurance Information

Minor Full Name: _____
First MI Last

Birthday: ____/____/____ Social Security Number: ____-____-____ Gender: *M* *F*

Parent or Guardian Name: _____
First MI Last

Relationship to Minor: _____

Home Phone: () ____ - ____ Cell Phone: () ____ - ____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Family Physician: _____ Phone: () ____ - ____

Insurance Company: _____ Policy Number: _____

Group Number: _____ Phone: () ____ - ____

Insured Name: _____ Birthday: ____/____/____
First MI Last

Social Security Number: ____-____-____ Preferred Pharmacy: _____

If not available in an emergency, please contact: (please provide at least one emergency contact)

Name: _____ Phone: () ____ - ____

Name: _____ Phone: () ____ - ____

Name: _____ Phone: () ____ - ____

Minor Medical History

Minor's Current Health Condition: *Excellent* *Good* *Poor* Contact Lenses: *Yes* *No*

List all medication sent with camper (**note: all prescription medications must be in the original bottle with the minor's name typed on the label in order for the nurse to distribute medications**)

Name of Medication	Dosage	Time(s) of Day	Medical Reason

***I authorize the medications listed above, to be dispensed by Camp of the Hills staff members.**

Minor has ever had a history of: Please check any and all that apply

____ Asthma	____ Hepatitis	____ Nervous Stomach
____ Broken Bones	____ Rheumatic Fever	____ Operation: (please Specify)
____ Congenital defect	____ Diabetes	_____
____ Seizures	____ Emotional Problems	_____

Please explain any special medical needs, please give details (i.e. asthma, diet restrictions, sunburns easily, bed wetter, sleep walker, menstrual difficulties, hearing impairment, etc.):

Please explain all allergies and reactions (i.e. bug stings, food allergies, allergic reactions to any medications, etc.): _____

Any problems requiring special attention (behavioral issues, mental disorders, developmental delays, severe emotional trauma, etc.):

Please Furnish the name of school camper attends:

Minor camper attends _____ and is current on all required immunizations.

_____ My child is not enrolled in a school system. *If not enrolled in school, please attach a copy of current immunization record to this form.*

The following are typical activities at Camp of the Hills. Please check any activity that your child cannot participate in for medical reasons, and please provide an explanation.

Activity	My child may not participate in this activity because:
Hiking	
Water Activities	
Ropes Course	
Competitive Sports	
Strenuous Activity	

Parental Authorization

To the best of my knowledge, all information provided about the named person is correct, accurate, and complete. Permission is granted to participate in camp activities, including the Ropes Course, except as indicated. Permission is granted for Camp of the Hills to photograph my child and use these photograph, slideshows, promotional items, etc. in order to promote Camp of the Hills and the program they facilitate.

Permission is granted for Camp personnel to administer common, non-emergency first aid and medical treatment, along with over the counter medications kept in stock in the infirmary.

Realizing the nature of serious emergencies, and understanding that I may not be able to be reached at such times (although every effort will be made to do so) I give my permission that medical measure may be instituted without delay as dictated by the judgment of the physician selected by Camp of the Hills.

I understand that I will be contacted as soon as possible, in the rare case that an emergency situation arises. If I choose, my family physician and the Camp physician in charge can consult to insure that my child receives the best medical attention available.

Parent/Guardian Signature: _____ Date: _____
Required if dependent is under the age of 18

Minor Signature: _____ Date: _____
Required if dependent is 18 or older

*Note: It is not necessary to have an examination by a physician if the camper is enrolled in a public school and has met Texas requirements for school immunizations. Please be sure to attach a copy of the camper's insurance card in case of an emergency.

Any Additional Comments: