

WINSHAPE CAMPS FOR COMMUNITIES
Camper Medical Information, Authorization and Release Form
(This is a legal document. Please read carefully and complete all sections.)

Camper's Full Name: _____ Gender: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1: Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: Cell(____) _____ Home (____) _____ Work (____) _____

Parent/Guardian 2: Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: Cell(____) _____ Home (____) _____ Work (____) _____

A. PARENTAL / LEGAL GUARDIAN AUTHORIZATION

As the parent/legal guardian of the above listed child (the "Camper"), I have voluntarily enrolled him or her in a Day Camp sponsored by the WinShape Foundation, Inc. and other entities listed below. The Camper has permission to engage in all camp activities except as expressly noted on this form. I will provide accurate and complete information on this form as to the Camper's health history and status, and I understand this information will be relied upon by others during the camp. I understand the information on this form will be transmitted, stored, and used in electronic format and will be accessed and disclosed on a need to know basis. I also understand this information may be shared as necessary and appropriate for the Day Camp, its administration, and operations. I consent to first aid treatment for the Camper and the use of generic and over the counter medications and treatments, as directed by manufacturer labels, to be administered to the Camper by Camp WinShape staff, camp personnel and/or camp volunteers (collectively "Camp Staff") and first aid personnel. I also authorize Camp Staff and first aid personnel to arrange for transportation of the Camper to a health care provider or facility as deemed necessary and appropriate in their discretion. I understand Camp Staff will make a good faith effort to contact the above named parents or guardians before seeking treatment of serious health conditions. If this is not possible, I understand the Camp Staff will notify parents/legal guardians as soon as practical. In the event a parent or legal guardian cannot be reached in an emergency, I hereby authorize the Camp Director or his/her designee to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for the Camper as advised by a licensed physician, dentist or other health care provider. This includes, but is not limited to, assessment, evaluation, medical care, anesthesia, hospitalization, or other health care treatment or procedure. I give permission for health care providers treating the Camper to discuss the Camper's health status, diagnosis and test results with the Camp Director or his /her designee, as my agent. I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for the Camper. If I have health insurance, I understand my personal health insurance is primary coverage. Copies of this signed form are as valid as an original.

I understand all prescription medication for the Camper must be sent in the original container received from the pharmacy as labeled with the Camper's name and instructions for use. Camp Staff and first aid personnel are authorized to administer such prescription medication to the Camper. I understand the Camper should not attend Day Camp if he or she is sick or has a temperature over 100 degrees.

B. RELEASE AND INDEMNIFICATION

On behalf of myself and also the Camper's other parent or legal guardian, on whose behalf I am fully authorized to sign, I hereby release and indemnify WinShape Foundation, Inc., WinShape Camps for Communities, Connect Ministries, Inc., the Lugoff First Baptist Church (which is the host church for the Day Camp) as well as it's partnering churches and each of their owners, shareholders, officers, directors, managers, employees, affiliates, sponsors, and agents from any and all claims, liabilities, demands, damages and causes of action resulting or arising, directly or indirectly, from any action taken by any of them pursuant to this Camper Medical Information, Authorization and Release Form.

Parent/Guardian Signature _____ Printed Name _____

C. EMERGENCY CONTACT: If neither parent/guardian can be reached in an emergency, please notify:

First Contact: Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: Cell(____) _____ Home (____) _____ Work (____) _____

Second Contact: Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: Cell(____) _____ Home (____) _____ Work (____) _____

D. INSURANCE INFORMATION

WinShape camps does not offer insurance coverage for campers. Please fill out the information below regarding your family's insurance coverage. Our health providers will not accept your child without pertinent information, in the event that your child needs medical attention while at camp. If you mark "no" to the question below, please note that the health care provider may require full payment immediately or bill you directly if their services are needed.

Do you wish to provide insurance information? Yes No
 Please initial here if you are not providing health insurance information. _____

Insurance Company: _____ Name of Policy Holder: _____
 Policy Number: _____ Group Number: _____ ID Number: _____
 Address or phone number for claims: _____

Please attach a copy of your insurance card (front and back)

E. HEALTH HISTORY: Does camper have a history of any of the following: (If yes, please provide additional information below.)

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Hospitalization?			Back or joint problems?			Diabetes?		
Surgery?			Seizures?			Skin issues/problems?		
Repeating/chronic illness?			Frequent headaches?			If female, have problems with periods or menstruation?		
Recent infectious disease?			Had Chicken Pox?			Had mononucleosis (also called (mono)?		
Recent injury?			Allergic to Penicillin?			Exposure to infectious or communicable disease?		
Shortness of breath, wheezing or asthma?			Allergic to other drugs?			Glasses, contacts or protective eyewear?		
Fainting or dizziness?			Any other allergies (including food)?			Traveled outside the U.S. in the past year?		
Behavior or emotional concerns?			Bringing Epi Pen?					
ADD/ADHD?			Severe reaction to stings?					
Eating disorders?			Any diet restrictions?					
			Diarrhea or constipation problems?					

Please list any details related to any "yes" answers, plus special instructions and Camp activity restrictions (for travel outside US, please list names of countries and travel dates): _____

Any major event which affected camper in last 12 months (death of family member/close friend, natural disaster, trauma/abuse, new sibling, other)? _____

Please list all prescription medications taken by Camper at any point during the 12 months prior to camp: _____

List any medications to be taken by Camper during camp, including drug, dosage, method (oral, inhaler, injection, etc.), and frequency: