



ICE CAMP MEDICAL FORM

REQUIRED FOR EVERY CAMPER IN YOUR GROUP

Camper's Name (Please print): _____ Male Female

Camper's Date of Birth: _____ Age: _____ Camper Email: _____

Address: _____

City _____ State _____ Zip _____

Parent/Guardian Names: _____

Parent/Guardian Cell #'s: _____

Alt Phone #'s: _____

Parent/Guardian Emails: _____

HEALTH HISTORY

Major Hospitalizations, Surgeries, Injuries (Include year)

Allergies (Plant, Food, Insect, Medication, etc.)
(List allergy and treatment)

SPECIAL CONDITIONS (Please check all that apply)

- Shortness of breath Frequent earaches, sore throats
- Excema, skin rashes Trouble passing urine
- Convulsions, seizures Speech problems
- Heart trouble Hayfever, asthma, wheezing
- Menstrual problems Diabetes
- History of bleeding Bedwetting
- Sleepwalking Other _____

Usual treatment for condition(s) above:

MEDICATIONS

(List all medications the child is bringing to camp)

Medication	Dose	Frequency	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMMUNIZATION DATES

MMR _____ DP Tetanus Booster _____
Hepatitis B _____ Other _____

DATE OF LAST PHYSICAL _____

NAME OF PHYSICIAN _____

PHYSICIAN'S PHONE # _____

PERSON OTHER THAN GUARDIAN TO BE NOTIFIED IN EMERGENCY SITUATION _____
PHONE NUMBER: _____ ALT PHONE (Cell or Work): _____

INSURANCE INFORMATION

Attach clear copies of both sides of your health insurance card OR fill in completely the information below.

Insurance Company Name: _____ Policy Number _____
Group/Employer Name: _____ Group Number _____
Additional Information: _____

I certify that the above medical information is, as of this date, accurate and correct to the best of my knowledge. I certify that photographs and videotape pictures of my child participating in camp activities may be used in promotional materials for the camp. I give my permission for Miracle Camp and Retreat Center to send me emails and to my camper regarding upcoming events and news (we will not sell your information).

I hereby grant permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby 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 my child as named above. I also grant permission for medical personnel to obtain access to necessary medical, psychiatric or social work records. This form may be photocopied for use out of camp.

Parent\Guardian Signature: _____ Date: _____



RISK ACKNOWLEDGEMENT AND RELEASE FORM FOR PARTICIPATION IN CAMP ACTIVITIES

Please read this agreement CAREFULLY before signing. If the participant is a minor (under the age of 18), all documents must also be signed by either a parent or legal guardian. All reference to "participant" deemed to include the parent or legal guardian of any participant who is a minor.

It is expressly understood and agreed that Miracle Camp shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of Miracle Camp, or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of Miracle Camp acting within the scope of his or her employment.

Miracle Camp and Retreat Center programs may include participation in initiative courses and games, ropes courses, climbing towers and walls, the zip line, paintball, trap shooting, archery, hayrides, miniature golf, tobogganing, tubing, bonfires, hiking, camping in an outdoor setting, and riding in a Miracle Camp vehicle. The purposes of the program are to provide participants with safe, challenging, experiential activities which require problem solving, decision making, self and group awareness, trust, cooperation, care and consideration of others. The activities will be discussed in light of the program objectives that have been predetermined by Miracle Camp staff and leaders from your organization.

The participant is aware in signing this form that certain elements of the program are physically and emotionally demanding, and that not all hazards and dangers associated with the activities can be foreseen. The participant understands that certain risks, dangers and injuries, including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent to outdoor settings may exist in the program's activities. The participant also agrees it is impossible for Miracle Camp and Retreat Center to guarantee absolute safety.

The participant understands and voluntarily assumes all such risks, dangers and injuries associated with participation in this program and agrees that neither Miracle Camp and Retreat Center, its director, staff nor other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to the participant in the absence of gross negligence imputable to Miracle Camp and Retreat Center. The participant further agrees to release, indemnify and hold Miracle Camp and Retreat Center, its director, officers, staff and agents harmless from or for any claims, causes or action, liabilities or damages that may arise as a result of or in connection with his/her participation in the program.

The participant expressly agrees to obey all of the program safety regulations and direction by the program's leaders. The participant voluntarily assumes and accepts responsibility for all risks, dangers and injuries resulting from either his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

The participant has read and understands the above form and understands the above Participant Agreement/Acknowledgment and Release Form. The participant's signature(s) on this document is also intended to bind his/her/their successors, heirs, representatives, administrators and assigns.

I have completed the Health and Medical History and will assume the responsibility for restricting any activities agreed upon and listed above. I assume full responsibility for my health and I certify that I am free of or will notify my instructor of any medical, physical or emotional conditions which might create undue risk for myself or others. I will exercise good judgment in regard to my own health, safety and well-being while participating in the program. If for any reason I question my ability to participate in the activity, I will tell my instructor prior to participation.

Signature: _____ Date: _____