

Health History Form



Group Name: _____

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp.

Name: _____ Birthdate: ____/____/____ Gender: _____ Age at camp: _____
Height: _____ Weight: _____

Parent or Guardian: _____ Phone: (____) _____

Email: _____ Work Phone: (____) _____

Permanent Address: _____

_____ *Number and Street* _____ *City* _____ *State* _____ *Zip*

Address during camp (if different from above): Phone: (____) _____

_____ *Number and Street* _____ *City* _____ *State* _____ *Zip*

EMERGENCY CONTACT: _____ Phone: (____) _____

Relationship: _____ Work Phone: (____) _____

Home address: _____

_____ *Number and Street* _____ *City* _____ *State* _____ *Zip*

IF NOT AVAILABLE, NOTIFY: _____ Phone: (____) _____

Relationship: _____ Work Phone: (____) _____

Home address: _____

_____ *Number and Street* _____ *City* _____ *State* _____ *Zip*

Medical Insurance: _____ Insured's Name: _____

Policy #: _____ Phone: (____) _____

➡ **Photocopy of front and back of insurance card MUST be attached to this form**

GENERAL QUESTIONS (Explain "yes" answers below giving dates and events surrounding incident)

Has/does/is the participant:

	YES	NO		YES	NO
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur or other heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had joint problems (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Allergic to anything?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have any skin problems (e.g., itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have problems sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	23. If female, have an abnormal menstrual cycle?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had emotional or psychiatric difficulties	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Any other pertinent info not listed here?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain ALL marked answers: _____

Name: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary modifications: _____

Name of dentist/orthodontist: _____ Phone: (____) _____

Name of family physician: _____ Phone: (____) _____

Date of last physical examination: _____

Suggestions or health related information for camp personnel: _____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Bring medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

☐ This person **takes NO medications** on a routine basis.

☐ This person **takes medications** as follows:

Med #1: _____

Reason for taking: _____

Med #2: _____

Reason for taking: _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Emergency authorization: I hereby give 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. This form may be photocopied for use out of camp.

Signature of Parent/Guardian: _____

Witness: _____ **Date:** _____

I also understand and agree to abide with the restrictions placed on my camp activities

Signature of minor/camper: _____

**Camp Eagle
6424 Hackberry Rd.
Rocksprings, TX 78880
830-683-3219**

CAMP EAGLE
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

This Release and Waiver of Liability and Indemnity Agreement (the "Release") is made to release all liability for death, bodily injury, or damage of any kind that may arise while I or my children are on that certain property consisting of approximately 1,384 acres, and known locally as Camp Eagle in Real County, Texas (the "Property"). I understand and agree that the term "Property" as used in this Release includes, but is not limited to, the following Property improvements or features, in addition to the land itself : (i) roads and roadways, (ii) paths and trails, (iii) waterways, docks, diving boards and diving platforms, (iv) swimming pools, (v) buildings, (vi) stables, (vii) barns, (viii) fencing, (ix) recreational facilities, (x) other improvements, and (xi) areas contiguous or appurtenant to the Property that may be used by Camp Eagle personnel in furtherance of a program, function, or activity . The Property is owned by Eagle Blue Limited Partnership, a Texas Limited Partnership, and leased by Camp Eagle, a nonprofit, religious based organization. Camp Eagle uses the Property as a Christian youth summer camp, a camp for people of all ages, a retreat, and a recreational facility. Both Eagle Blue Limited Partnership and Camp Eagle are collectively referred to in this Release as the "Owner."

In consideration for being permitted to enter onto the Property, I make the following agreements:

1. I, individually, and as the parent or legal guardian of the minor children named below, agree that all of the agreements made in this Release are made by me individually, **and** on behalf of each of my minor children named below. *My use of the word "I" in this Release shall refer to myself and each of the minor children named below; and*
2. I waive all rights and privileges I may have to bring any lawsuit, cause, or claim of any kind against the Owner or the Owner's representatives, agents, employees, staff, officers, directors, or counselors for any damage, loss, cost, expense, fees, and liability of any nature, kind, or type, whether known or unknown, and whether now existing or that may arise in the future, in connection with or arising from my death, bodily injury, property damage, and other damage, occurring while I am on the Property; and
3. I release the Owner and the Owner's representatives, agents, employees, staff, officers, directors, and counselors from all damage, loss, cost, expense, fees, and liability of any nature, kind or type, whether known or unknown, and whether now existing or that may arise in the future, in connection with or arising from my death, bodily injury, property damage, and other damage, occurring while I am on the Property; and
4. I indemnify and hold the Owner and the Owner's representatives, agents, employees, staff, officers, directors, and counselors harmless from all damage, loss, cost, expense, fees, or liability of any nature, kind or type, whether known or unknown, and whether now existing or that may arise in the future, in connection with or arising from my death, bodily injury, property damage, and other damage, occurring while I am on the Property; and
5. *I assume full responsibility for any and all risk of bodily injury, death, property damage, and other damage to me, including all loss, cost, expense, fees, or liability of any nature, kind, or type, whether known or unknown, and whether now existing or that may arise in the future, occurring while I am on the Property.*

I understand and acknowledge that activities such as [but not limited to] kayaking, canoeing, swimming, hiking, backpacking, volley ball, rock climbing, rappelling, exploring caves or spelunking, "zip" lining, riding horses, being around horses, participating in "paint ball" games, driving or riding "4 wheelers", or all terrain vehicles, motorcycles, and similar vehicles are inherently dangerous activities and involve a large degree of risk of death, bodily injury, property damage, and other damage. I agree that the terms of this Release are intended to be as broad and inclusive as permitted by Texas law, and to provide as comprehensive a waiver, release, and indemnification of the Owner as is possible. I hereby give my consent for the Owner to use any photograph, videotape, or likeness of myself or my children, without compensation or remuneration, in advertising or promoting Camp Eagle, or any program or activity offered at Camp Eagle.

I have read and voluntarily signed this Release, without any pressure or coercion whatsoever. There have been no oral representations, promises, statements, or inducements made to me, or to any other third party, to encourage, support, or facilitate my signing of this Release, other than as a condition of my entering onto [or my minor child(ren) entering onto] the Property. In case any one or more of the provisions contained in this Release shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provisions in this Release, and this Release shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein. This Release shall be binding upon my heirs, estate, executors, guardians, administrators, legal representatives, successors, and assigns.

I HAVE CAREFULLY READ THIS RELEASE. I UNDERSTAND THAT, AMONG OTHER THINGS, IT IS A WAIVER AND RELEASE OF ALL OF MY POTENTIAL CLAIMS FROM ME, INDIVIDUALLY, AND ON BEHALF OF MY CHILDREN NAMED BELOW, AGAINST THE OWNER FOR DEATH, PERSONAL INJURY, PROPERTY DAMAGE, AND OTHER DAMAGE. I UNDERSTAND THAT I AM INDEMNIFYING AND HOLDING THE OWNER HARMLESS FROM ANY AND ALL POTENTIAL LIABILITY OF ANY KIND ARISING FROM OR IN CONNECTION WITH MY DEATH, BODILY INJURY, PROPERTY DAMAGE, AND OTHER DAMAGE. I AM EXPRESSLY ASSUMING ALL RISKS INHERENT, WHETHER KNOWN OR UNKNOWN, IN BEING ON THE PROPERTY AND PARTICIPATING IN ACTIVITIES ON THE PROPERTY.

PARENT/LEGAL GUARDIAN or PARTICIPANT:

ON BEHALF OF MINOR CHILD(REN), if applicable:
(name of each minor child(ren))

SIGNATURE: _____

Printed Name: _____

Printed Name: _____

Printed Name: _____

Date: _____

Printed Name: _____