

Calvary Chapel



Retreat Center & Camp

Health History and Medical information

Camper

Name: _____ Phone _____ Birthdate: _____ Grade: _____

Camp Dates: _____ Email: _____

Have you ever attended a camp, been part of Doulos, volunteered, been on staff, at ARC? _____, When? _____

Parent/Guardian

Parent/Guardian: _____ Main Phone: _____

Email: _____

Address: _____ City, State, Zip: _____

Second Parent: _____ Main Phone: _____

Email: _____

Address: _____ City, State, Zip: _____

Medical Ins Carrier: _____ Carrier Address: _____

Emergency Contact: _____ Ins. Group or Policy# _____

Emergency Contact Phone: _____ Name of Insured Person: _____

Camper Medical Info:

Allergies (food to drug): _____

Are there any health problems that would make it difficult for your child to participate in physical activities while at camp?

Yes No (Circle one).

If Yes, please explain: _____

I HEREBY:

- Affirm there is no need of a doctor's examination prior to camp based on current physical health, or that such an examination has been obtained and included this with registration. Authorize Arrowood Retreat Center staff to dispense over the counter medications as need arises and prescription medications based on instructions provided.
- Give permission to the medical personnel selected by the camp to order x-rays, routine test, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary medical transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.
- Allow my child to participate in all camp activities. Yes____, No____
- Understand that Arrowood Retreat Center. reserves the right to dismiss a camper whose action, behavior, or attitude in their judgment, is contrary to the best interest of the camp and Parent will assume all charges therein. Parent or guardian assumes all liability for damages incurred by camper.
- Please note that Arrowood Retreat Center is located in a forested/wooded area with a creek and with such has wildlife and other inherit risks. By signing, you acknowledge said risks. Undersigned will not hold Arrowood/Calvary Chapel Myrtle Beach or it's personnel responsible for accidents or death caused by attending camper or guest.
- Agree that any pictures or video of the camper taken at camp maybe used by Arrowood Retreat Center or their assigned agents for art, advertising, or promotional literature. I waive my right to inspect or approve the finished product or copy or approve the finished product or copy.

Parent/Guardian Signature _____ **Date** _____