

Calvary Chapel



Retreat Center & Camp

Health History and Medical information

Camper

Name : _____ Date: _____

Phone (C) _____ Phone(H): _____

Birthdate: _____ Grade: _____

Camp Dates: _____ Group Name: _____

Email1: _____ Email2: _____

Have you ever attended a camp, been part of doulos, volunteered, been on staff, or donated money to ARC? _____

Check here if you would like to be added to our newsletter.

Parent/Guardian

Parent/Guardian: _____ Phone (C): _____

Email: _____ Address: _____

City, State, Zip: _____

Second Parent: _____ Phone (C): _____

Email1: _____ 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 _____ V
- 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 _____ h _____ h _____
- _____ k _____ # _____
- !

Parent/Guardian Signature _____ Date _____

Arrowood Retreat Center is a Ministry of Calvary Chapel Myrtle Beach, SC

www.carrowood.com 488 Harris Rd. Chesnee, SC