

Black Rock Winter Retreat Camper Health Screening Form

FOR CAMP USE ONLY

CAMPER NAME: (Last) _____ (First) _____

Jr. High Winter Retreat – December 27-29, 2009.

Sr. High Winter Retreat – February 12-14, 2010.

1. Observable evidence of illness, injury, disability or communicable disease? (*Please leave #1 blank, to be filled in upon arrival.*)

2. Any pre-existing health conditions we should be aware of? _____

3. Activity Restrictions? _____

4. Medications

Medication Name	Description	Dosage/Frequency	Fri			Sat			Sun		

Comments: _____

5. Dietary Restrictions/Allergies? _____

6. Early Dismissal (Please list reason, date(s), time, name of person picking up camper? _____

I hereby certify that the health history information provided for the camper named above is correct so far as I know, and the person named herein has my permission to engage in all prescribed camp activities except as noted.

***Authorization for Treatment:** In the event I cannot be reached during an emergency, I hereby give permission for personnel selected by Black Rock Retreat to provide emergency care and treatment to the above named camper in the event of injury or illness. I also give permission for Black Rock personnel to secure needed professional medical treatment by a physician, EMS, or Emergency Room hospital staff as needed and to order X-rays, routine tests, treatment, and any necessary related transportation for me/or my child.*

Parent(s)/Guardian(s) Signature: _____

Witness (*Signed by Camp Registrar*): _____ Date: _____