

111 Lake Gloria Road  
 Boswell, PA 15531  
 Phone: 814-629-9744  
 Fax: 814-629-9057



Term: \_\_\_\_\_  
 Camp: LG QUE  
 Please Circle

**CAMPER HEALTH FORM and RELEASE OF LIABILITY WAIVER AND IDEMUNITY AGREEMENT**

Please complete the following information and sign on back. A Physician's exam is not required, however we recommend that your child see a doctor at least every 2 years. Please return this health form **PRIOR** to the opening day of your term.

**\*\*\*I understand that my child must have adequate medical coverage to attend camp.\*\*\***

Camper Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Month/Day/Year (needed in case of emergency care)

Parent or Guardian Information: Marital status \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Contact Info: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Mother's Contact Info: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If parent or guardian is not available in an emergency, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**HEALTH INFORMATION:**

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Policy holder's name and birth date \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of last physical \_\_\_\_\_ Are all immunizations up to date? \_\_\_\_\_ Date of last tetanus booster \_\_\_\_\_

**Health History (Check and give approx. dates)**

\_\_\_\_\_ Chickenpox \_\_\_\_\_  
 \_\_\_\_\_ Measles \_\_\_\_\_  
 \_\_\_\_\_ Mumps \_\_\_\_\_  
 \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Operations, Serious Injuries or Fractured Bones: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HEALTH PROBLEMS (Check all that apply):**

	Yes	No		Yes	No		Yes	No
1. Glasses	<input type="radio"/>	<input type="radio"/>	8. Frequent Colds	<input type="radio"/>	<input type="radio"/>	15. Heart Problems	<input type="radio"/>	<input type="radio"/>
2. Corrective lenses	<input type="radio"/>	<input type="radio"/>	9. Frequent Sore Throats	<input type="radio"/>	<input type="radio"/>	17. Nose bleeds	<input type="radio"/>	<input type="radio"/>
3. Dental appliances	<input type="radio"/>	<input type="radio"/>	10. Constipation	<input type="radio"/>	<input type="radio"/>	18. Seizures	<input type="radio"/>	<input type="radio"/>
4. ADD/ADHD	<input type="radio"/>	<input type="radio"/>	11. Diabetes	<input type="radio"/>	<input type="radio"/>	19. Sleepwalking	<input type="radio"/>	<input type="radio"/>
5. Athlete's foot	<input type="radio"/>	<input type="radio"/>	12. Ear Problems	<input type="radio"/>	<input type="radio"/>	20. Stomach upsets	<input type="radio"/>	<input type="radio"/>
6. Asthma	<input type="radio"/>	<input type="radio"/>	13. Fainting	<input type="radio"/>	<input type="radio"/>	21. Other	<input type="radio"/>	<input type="radio"/>
7. Bedwetting	<input type="radio"/>	<input type="radio"/>	14. Headaches	<input type="radio"/>	<input type="radio"/>			

Please explain any of the above "yes" items \_\_\_\_\_

**Has the camper ever had allergies or an allergic reaction to: *\*\*Epipen must be provided, if needed***

	Yes	No		Yes	No		Yes	No
1. Hay Fever	<input type="radio"/>	<input type="radio"/>	2. Insect Bites	<input type="radio"/>	<input type="radio"/>	3. Medications	<input type="radio"/>	<input type="radio"/>

Please specify **medication** or other allergies: \_\_\_\_\_

Please specify **FOOD** allergies: \_\_\_\_\_

**\*\*\*Additional health information and signature required on back\*\*\***

**\*\*\*IMPORTANT:** Please notify camp if this child is exposed to a communicable disease during the three weeks prior to camp attendance, i.e. strep throat, conjunctivitis (pink eye), chickenpox, etc.

Please list any activity restrictions: \_\_\_\_\_

Other medical comments (ie. Any past or current conditions that may be helpful to a physician if treatment is needed): \_\_\_\_\_

**OVER-THE-COUNTER MEDICINES:**

Your child's health and safety are of utmost importance to us. During your camper's stay at camp, the camp's medical staff will dispense any **prescriptions** you provide in their **original containers**. In addition to general first aid, they will also dispense some over-the-counter medicines as needed in their recommended dosage. **Please leave daily vitamins at home to reduce traffic in health clinic during med times. Thank you for your consideration.**

These over-the-counter medicines (often generic) will be kept in stock at camp.

Acetaminophen (Tylenol)	Diphenhydramine (Benedryl)	Cough Medicine (Robitussin CF)
Anti-diarrhea Treatment	Cough/Throat Lozenges/ Chloraseptic Spray	Cold Medicine (Dimetapp/Tylenol Cold)
Ibuprofen (Advil/Motrin)	Loratidine (Claritin)	
Constipation Treatment (stool softener)	Stomach (Tums/Roloids/Mylanta)	

**Let the medical staff know if there are any of these medicines you do not want given to your child.** If you have medication preferences other than those listed, please bring them in the original containers and turn them in to the camp hospital on opening day, just as you would prescription meds.

**RELEASE OF LIABILITY, WAIVER AND IDEMNITY AGREEMENT**

I, the undersigned parent, legal guardian or camper (if 18 years old or over), understand that all camping and recreational programs carry with them significant risks. Accordingly, in exchange for my child or ward being allowed to participate in the SB2W Camp Program ("Camp"), we, the parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) of the child or ward identified on this form agree to be bound by each of the following:

- 1. Voluntary Participation.** I understand and confirm that our child's or ward's participation in Camp is voluntary.
- 2. Identification of Risks.** I understand that Camp operates at various locations in Pennsylvania including, but not limited to, SB2W Lake Gloria, SB2W Que, Camp Carmel, and other off-site locations for overnight wilderness trips. I understand that there are certain dangers, hazards, and risks inherent in competitive athletics, outdoor recreational activities, wilderness trips, and any other activities included in Camp. I also understand that medical facilities or treatment may be inadequate or unavailable during portions of Camp, particularly during the overnight wilderness trips. I understand that our child's or ward's participation in Camp may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known to SB2W and not reasonably foreseeable at this time. I understand that this RELEASE OF LIABILITY, WAIVER AND IDEMNITY AGREEMENT is intended to address all of the risks of any kind associated with my child's or ward's participation in any aspect of Camp, including, particularly, such risks created by actions, inactions, or negligence on the part of SB2W or its directors, officers, employees, agents, volunteers, successors, or assigns.
- 3. Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my child's or ward's participation in Camp. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my child's or ward's participation in Camp, without respect to location.
- 4. Release and Waiver.** I release, discharge and covenant not to sue SB2W and its directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my child's or ward's participation in Camp (a "Claim"), whether or not caused in whole or in part by the negligence or other misconduct of SB2W or any of the individuals mentioned above.
- 5. Indemnification.** I agree to indemnify, save and hold harmless (in other words, to reimburse and to be responsible for) SB2W and its directors, officers, employees, agents, volunteers, successors, and assigns, from all claims for any liability, injury, loss, damage, or expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my or my child's or ward's behalf, that is released or waived by this instrument), in any way connected with or arising out of my child's or ward's participation in Camp, whether or not caused in whole or in part by the negligence or other misconduct of SB2W or any of the individuals mentioned above.
- 6. Binding Effect.** This instrument shall be binding upon my child's or ward's relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of SB2W, and their respective directors, officers, employees, agents, volunteers, successors, and assigns.

I further expressly agree that the forgoing RELEASE OF LIABILITY, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**I HAVE READ AND VOLUNTARILY SIGN THE RELEASE OF LIABILITY, WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.**

**I AFFIRM THAT THIS HEALTH HISTORY IS CORRECT TO MY KNOWLEDGE, AND THE CAMPER LISTED HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT NOTED. I HEREBY GIVE MY PERMISSION TO THE NURSE/PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO ORDER X-RAYS, ROUTINE TESTS, AND TREATMENT FOR THE HEALTH OF MY CHILD. IN THE EVENT THAT I CANNOT BE REACHED DURING AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE NURSE/PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, ORDER INJECTION AND/OR ANESTHESIA AND/OR SURGERY FOR MY CHILD AS NAMED ABOVE. I GIVE PERMISSION FOR THE CAMP DOCTOR OR NURSE TO ADMINISTER MEDICATION TO MY CHILD AS NEEDED. I UNDERSTAND THAT MY CHILD MUST HAVE ADEQUATE MEDICAL COVERAGE TO ATTEND CAMP.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Camper (If 18 or over)

\_\_\_\_\_  
Name of Parent/Legal Guardian (PRINT)

\_\_\_\_\_  
Name of Camper (PRINT)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Legal Guardian (PRINT)