



**CAMPER  
MEDICAL INFORMATION FORM  
SUMMER 2012**

Participation in *Camp Wojtyla* requires the activity level of a person in good health. There will be a considerable amount of walking, climbing and other various physical demands. All of these factors may aggravate certain health conditions. Please submit this form with your Registration Form and deposit to *Camp Wojtyla, PO Box 18452, Golden, CO 80402* by May 7<sup>th</sup>, 2012. Email any questions to Brianna Lawson at [registration@camp-w.com](mailto:registration@camp-w.com). You may use the reverse side of this form if necessary to offer more information.

**CAMPER INFORMATION**

Camper Name \_\_\_\_\_

Camper Phone Number \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Primary Physician's Name \_\_\_\_\_ Primary Physician's Phone Number \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

**PARENT INFORMATION**

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Work Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Work Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

## NON PARENT EMERGENCY CONTACT INFORMATION

Emergency Contact Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

## HEALTH INFORMATION

**General Fitness level:** circle one

1 2 3 4 5 (1 = inactive/poor fitness , 5 = very active/fit)

**Experience hiking:** circle one

1 2 3 4 5 (1 = never hiked, 3 = have hiked occasionally, 5 = hiked a lot)

**Experience camping:** circle one

1 2 3 4 5 (1 = never camped, 3 = camped occasionally, 5 = camped a lot)

**Is your child currently seeing a doctor? If so, please state the reason.**

**Please list any physical conditions that may limit your child's ability to participate in activities.**

**Please list any surgeries or major health problems your child has experienced in the past 10 years:**

**Please list any medications or foods your child is allergic to:**

**Does your child have any special dietary needs? If so, please explain.**

**Please indicate the date of your child's last tetanus shot \_\_\_\_\_**

**Please circle if your child has ever suffered from any of the following:  
Please explain any answers that have been circled.**

Allergic to Insect Bites: \_\_\_\_\_  
Epilepsy: \_\_\_\_\_  
HIV/AIDS: \_\_\_\_\_  
Hypothermia: \_\_\_\_\_  
Frostbite: \_\_\_\_\_  
High Blood Pressure: \_\_\_\_\_  
AMS-(Altitude Sickness): \_\_\_\_\_  
Back Problems: \_\_\_\_\_  
Recent Injuries: \_\_\_\_\_  
Diabetes: (treated with diet or insulin?) \_\_\_\_\_  
Asthma: \_\_\_\_\_  
Needs an inhaler? \_\_\_\_\_  
Heart Problems: \_\_\_\_\_  
Does your child have a medical condition, injury or illness not listed above? \_\_\_\_\_

### **CONSENT AND RELEASE**

In consideration of my child's attendance at Camp Wojtyla and the services provided to him (her) by Camp Wojtyla, Ltd. (the "Camp") and the members of its staff, I hereby declare that my child has my permission to attend Camp. Further, in the event of a medical emergency or an incident requiring medical attention, as reasonably determined by the Camp or a medical services provider, I hereby consent to the administration of first aid, the transfer of the child to a medical facility, and/or the administration of emergency treatment deemed necessary or proper by such facility. I understand that the Camp will make every reasonable effort to contact me in the event of an emergency at the telephone number(s) listed below.

I hereby release the Camp, including all of its staff members and any individuals, Board of Directors or organizations partnered with or who provide services to the Camp, from liability related to actions taken as a result of this consent and release.

Further, I hereby declare that my child has health and medical insurance coverage which will be active and in force during the provision of services by the Camp. Information relating to this coverage is included below, and I agree to provide a copy of the insurance card giving evidence of this coverage.

### **PARENT/GUARDIAN SIGNATURE**

*Your signature below certifies that the above information is a true representation of your child's current health status and that Camp Wojtyla, a division of the JPII Adventure Institute, may use the above information to represent your child's medical needs to a doctor in the event of an emergency. Your signature also gives your medical consent and release, as stated in the above section, to Camp Wojtyla.*

**Signature of Parent/Guardian of Camper:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_