

Health Record

Camper's Name

COVENANT OF SAFETY

GENEVA Camp & Retreat Center (GENEVA) wants you to have a safe and enjoyable time while you are at camp. Safety is achieved when camp and camper work in partnership. GENEVA will endeavor to provide a safe environment for the camp activities. The camper is expected to understand and take seriously the inherent risk and related responsibility to follow the rules and directions. Please review the information below and sign that you agree to the covenant of safety.

Camper Agreement

I WILL ASSUME THE RISKS OF CAMP: I know that GENEVA uses many activities as part of its program in order to build relationships and talk about faith. I understand that there will be some risks with any activity, whether because of something I do or the actions of others, even if it is properly supervised. I still want to participate in these activities and I will assume all the risks that come from the activities of GENEVA. I also understand that I do not have to participate in these activities if I choose not to.

I WILL FOLLOW ALL INSTRUCTIONS: I understand that GENEVA will provide the necessary safety equipment and trained staff to supervise my participation in these activities. I agree to use equipment as directed and to observe all rules and guidelines for participating as directed by GENEVA staff. I also agree that if I don't follow those instructions, GENEVA staff can prevent my participation in these activities.

CAMPER'S SIGNATURE (REQUIRED)	DATE
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Parent/Guardian Agreement

FITNESS TO PARTICIPATE: I affirm that the above camper has no physical, emotional, or mental condition that would affect or be affected by these activities of camp. Any treatment he or she has had for these conditions has been disclosed in the Health Record, and I will yield to GENEVA's final judgment as to whether he/she should participate.

INSURANCE DISCLOSURE: I understand that neither GENEVA nor its insurance policy provide health insurance coverage for campers. I agree that all costs related to camper illness or sickness will be billed to me and I will be responsible to pay these costs. I will check with my insurance provider to determine if additional insurance is needed to cover the camper while attending GENEVA or participating in its activities.

PERMISSIONS: In signing this document, I hereby certify that the information contained in this Health Record is correct and give the following permissions:

- * For my child to engage in all prescribed camp activities unless indicated in this Health Record.
- * For the use of photographs and video including my son or daughter to be used in camp publicity.
- * For my child to be transported in GENEVA-owned or leased vehicles for approved out-of-camp activities.
- * For the release of medical records in case of illness or injury.
- * For the camp health officer to administer routine medical care for my child.
- * In the event I cannot be reached, I hereby give permission to the physician selected by the GENEVA staff to obtain proper medical diagnosis, hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

WAIVER AND GENERAL RELEASE OF LIABILITY AND HOLD HARMLESS: In consideration of the camper's opportunity to attend GENEVA and participate in its activities, I on behalf of myself and the minor camper for whom I am the parent or guardian waive and release GENEVA, its staff, board members, officers, directors, employees, volunteers and agents from all liability of any kind arising from or related to attendance at GENEVA or participation in its activities. This is intended to be interpreted as a broad, general waiver and release. I further agree to indemnify and hold GENEVA, its staff, board members, officers, directors, employees, volunteers and agents harmless from liability for all claims for personal injury, death or property damage of any kind made by me, my family members, the minor camper for whom I am the parent or guardian or their successors.

HIPAA PERMISSION TO DISCLOSE INFORMATION: In signing this document, I hereby give my permission for GENEVA to disclose any of the physical/cognitive/behavioral conditions indicated on this form to the lifeguard, coordinator, and/or my child's counselor as necessary for my child's welfare unless I notify GENEVA otherwise.

SIGNATURE OF FATHER/GUARDIAN	PRINTED NAME OF FATHER/GUARDIAN	DATE
SIGNATURE OF MOTHER/GUARDIAN	PRINTED NAME OF MOTHER/GUARDIAN	DATE

Overall Good Health

HEALTH CONDITIONS PLEASE CHECK ALL THAT APPLY

- COGNITIVE/EMOTIONAL CONDITIONS
 - BEHAVIORAL CONDITIONS
 - HEALTH OR PHYSICAL CONDITIONS THAT MAKE PARTICIPATION RISKY OR DIFFICULT.
- If you check any of these conditions, please print a special needs form from www.campgeneva.org and mail it with your registration.*

- CHRONIC/RECURRING ILLNESS (PLEASE EXPLAIN) _____
- CURRENT INFECTIOUS DISEASE (PLEASE EXPLAIN) _____
- RECENT INJURIES (PLEASE EXPLAIN) _____

DIETARY NEEDS FOOD PREFERENCES ALLERGIES

- VEGETARIAN
- VEGAN
- DAIRY/LACTOSE
- GLUTEN-FREE
- FOOD ALLERGY (PLEASE SPECIFY) _____
- BEE ALLERGY
- DRUG (PLEASE SPECIFY) _____
- OTHER _____

If you checked food or bee allergy, please print an allergy form from www.campgeneva.org and mail it with your registration.

IMMUNIZATIONS

- HAVE YOU HAD A TETANUS SHOT IN THE LAST 10 YEARS? YES NO
- HAVE YOU HAD 2 DOSES OF THE MMR VACCINE? YES NO
- HAVE YOU HAD THE 3 HEPATITIS B IMMUNIZATIONS? YES NO

PHYSICIAN & HEALTH INSURANCE INFORMATION

IF NONE, PLEASE WRITE "NONE"

FAMILY PHYSICIAN
PHYSICIAN'S PHONE ()
HEALTH INSURANCE COMPANY
INSURANCE CONTRACT #

PRESCRIPTION MEDICATIONS

PLEASE LIST:

Note: You will have the opportunity to update this when you drop your child off at camp

OVER-THE-COUNTER MEDICATIONS

MAY THE HEALTH OFFICER ADMINISTER OVER-THE-COUNTER MEDICATIONS IF NEEDED?

YES *Exceptions:* _____

NO