

# Health History Form



Group Name: \_\_\_\_\_

*The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp.*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Age at camp: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

*Number and Street City State Zip*

Address during camp (if different from above): Phone: (\_\_\_\_) \_\_\_\_\_

*Number and Street City State Zip*

**EMERGENCY CONTACT:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Home address: \_\_\_\_\_

*Number and Street City State Zip*

**IF NOT AVAILABLE, NOTIFY:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Home address: \_\_\_\_\_

*Number and Street City State Zip*

**Medical Insurance:** \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**➡ Photocopy of front and back of insurance card MUST be attached to this form**

## **GENERAL QUESTIONS** (Explain "yes" answers below giving dates and events surrounding incident)

Has/does/is the participant:

	YES	NO		YES	NO
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur or other heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had joint problems (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Allergic to anything?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have any skin problems (e.g., itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have problems sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	23. If female, have an abnormal menstrual cycle?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had emotional or psychiatric difficulties	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Any other pertinent info not listed here?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain ALL marked answers: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice: \_\_\_\_\_

Dietary modifications: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Suggestions or health related information for camp personnel: \_\_\_\_\_

### **MEDICATIONS BEING TAKEN**

*Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Bring medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.*

This person **takes NO medications** on a routine basis.       This person **takes medications** as follows:

Med #1: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med #2: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

**Attach additional pages for more medications.**

Identify any medications taken during the school year that participant does/may not take during the summer:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

**Emergency authorization:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp.

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

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my camp activities

**Signature of minor/camper:** \_\_\_\_\_

**Camp Eagle  
6424 Hackberry Rd.  
Rocksprings, TX 78880  
830-683-3219**

**CAMP EAGLE**  
**Participant Agreement**

**(Including assumption of risks and agreements of Release and Indemnity)**

Please read this document carefully. It provides important information about the program and activities of Camp Eagle, and affects the legal rights of persons who may suffer an injury or other loss arising from those activities. This document must be signed by all adult (18 years of age and older) Participants, and by at least one parent or legal guardian (referred to herein as Parent) of a participant who is a minor. Parent signs below for himself or herself AND, to the maximum extent allowed by law, on behalf of the minor.

In consideration for being permitted to participate in the various activities of Camp Eagle, I make the following agreements for myself if I am an adult Participant, and for myself and for my minor child if that child is a Participant.

1. I understand and acknowledge that activities of Camp Eagle in which I may participate include (but are not limited to) kayaking, canoeing, swimming, hiking, backpacking, archery and riflery, fishing, volley ball, rock climbing, rappelling, exploring caves (or spelunking), "zip lining", participating in "paint ball" games, mountain boarding (riding down dirt and loose- rock inclines), and riding mountain scooters (not motorized) and mountain bikes. These activities and others have risks, including the following: those ordinarily associated with rigorous outdoor activities, including the unpredictable forces of nature; falls, breaks and sprains; contact with harmful plants and animals; vehicle collisions and accidents; drowning and near-drowning; misjudgments of staff and co-participants; the failure of gear and equipment; and other risks of bodily injury, property damage and in extreme cases even death. These risks are inherent in the activities – that is, without them the activities would lose their value and appeal. I understand that other risks, inherent and otherwise, may be encountered by me, or the child.
2. I acknowledge and assume all risks of the activities of Camp Eagle, wherever they take place, and of being on and moving about the premises of Camp Eagle, whether or not those risks are described above, and inherent or not. If I am the Parent of a participant who is a minor child, I have explained the risks to him or her and the child chooses to participate in spite of such risks.
3. I for myself and for my minor child, if applicable, release and waive all rights and privileges I or the child may have to bring any lawsuit, cause, or claim of any kind against Camp Eagle, its owners, agents, employees, staff, officers, directors, and counselors ("released parties") for any damage, loss, cost, expense, fees, and liability of any nature, kind, or type, whether known or unknown, and whether now existing or that may arise in the future, including claims of negligence, by reason of any loss suffered by me or the child (including death, bodily injury and other loss, including to property) related in any way to my, or the child's, enrollment or participation in an activity of Camp Eagle or presence on the premises of Camp Eagle.
4. I agree to indemnify (that is, to protect and defend, including by paying demands and judgments including costs and attorneys fees) the released parties and hold each of them harmless from all claims of any kind, including claims of negligence of a released party, whether known or unknown, and whether now existing or that may arise in the future, in connection with or arising from a loss suffered by me or caused by me, in any way related to my or the child's enrollment or participation in an activity of Camp Eagle or presence on the premises of Camp Eagle.
5. Other:  
I agree that the terms of this document and the protections it seeks for the released and indemnified parties are intended to be as broad and inclusive as permitted by Texas law.

I hereby give my consent for Camp Eagle to use any photograph, videotape, or likeness of myself or my child, without compensation or remuneration, in advertising or promoting Camp Eagle, or any program or activity offered at Camp Eagle.

Camp Eagle is authorized to provide or obtain medical care for me, or for the child, as it deems appropriate, and to exchange medical information with third party care givers. To the extent a claim asserted against a released party is dismissed or deemed by a court of competent jurisdiction to be unsustainable, the released party may recover from the claimant his, her or its costs, including attorneys fees, incurred in defending the claim.

Any suit brought against a released party by a Participant or Parent shall be brought exclusively in Real County, Texas, and the laws applicable thereto shall be those of the State of Texas, not including those laws which may apply the laws of another jurisdiction. This agreement may be amended only by a written instrument, signed by the parties hereto.

I have read and voluntarily signed this Participant Agreement without any pressure or coercion whatsoever. There have been no oral representations, promises, statements, or inducements made to me, or to any third party, to encourage, support, or facilitate my signing of this Release, other than as a condition of my, or my minor child(ren), participating in activities of Camp Eagle. If a provision in this document should for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provisions in this Release, and this Release shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein. This Release shall be binding upon my, and the child's, heirs, estate, executors, guardians, administrators, legal representatives and assigns.

	(name of each minor child(ren))
SIGNATURE: _____	Printed Name: _____
Printed Name: _____	Printed Name: _____
Date: _____	Printed Name: _____