

Village Harmony Camp

5748 Hollister Hill Road, Marshfield, VT 05658
 (802) 426-3210 fax: (802) 426-3491 vharmony@sover.net

CAMPER NAME _____

DATE OF BIRTH _____

TEEN CAMPER EMERGENCY & MEDICAL FORMS

THESE FORMS MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN. The information on these forms is not part of the staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp leaders upon the camper's arrival in camp. Provide complete information so that the camp can be aware of the camper's needs. It is imperative that camper information and emergency contacts be complete and up to date at the start of the camp session.

Camper's Last Name _____ First Name _____ Middle _____

Home Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Birthdate _____ Passport # (for int'l camps) _____
(Also please attach copy of passport photo page.)

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

Home Street Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone #1 _____ Cell Phone #2 _____

Business Name and Address _____

Business Phone _____ Email _____

Second Custodial Parent(s)/Guardian(s): _____

Home Street Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone #1 _____ Cell Phone #2 _____

Business Name and Address _____

Business Phone _____ Email _____

PERSONS TO BE CONTACTED IN AN EMERGENCY (minimum of three contacts are required)

	Name	Address	Phone #	Relationship
1				
2				
3				
4				

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by Village Harmony Camp to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Village Harmony Camp to render whatever treatment he/she deems necessary, secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for out of camp trips.

I hereby give permission to give my child over the counter medications according to standard dose:

TYLENOL Yes () No () IBUPROFEN Yes () No () BENADRYL Yes () No () OTHER () _____

***PARENT / GUARDIAN SIGNATURE** _____ **DATE** _____ ***MUST BE SIGNED**

Be sure to complete and sign the reverse side.

Village Harmony Camp Medical Form

CAMPER NAME _____

DATE OF BIRTH _____

GENERAL QUESTIONS: (Explain "yes" answers below)

Has/does the camper:

- | | YES | NO | | YES | NO |
|--|-----|-----|--|-----|-----|
| 1. Had any recent injury, illness or infectious disease? ... | () | () | 12. Ever had seizures? | () | () |
| 2. Have a chronic or recurring illness/condition? | () | () | 13. Ever have chest pain during or after exercise? | () | () |
| 3. Ever been hospitalized? | () | () | 14. Ever had high blood pressure? | () | () |
| 4. Ever had surgery? | () | () | 15. Ever been diagnosed with a heart murmur?.. | () | () |
| 5. Have frequent headaches? | () | () | 16. Ever had back problems? | () | () |
| 6. Ever had a head injury? | () | () | 17. Ever had problems with joints (e.g., knees, ankles)? | () | () |
| 7. Ever been knocked unconscious? | () | () | 18. Have an orthodontic appliance at camp? | () | () |
| 8. Wear glasses, contacts or protective eye wear? | () | () | 19. Have any skin problems? | () | () |
| 9. Ever had frequent ear infections? | () | () | 20. Have diabetes? | () | () |
| 10. Ever been dizzy during or after exercise? | () | () | 21. Ever have asthma? | () | () |
| 11. Ever passed out during or after exercise? | () | () | 22. Ever had an eating disorder? | () | () |

Please explain any "yes" answers, noting the number of the questions; attach additional pages as necessary:

ANY MEDICATION TO BE SELF-ADMINISTERED OR GIVEN BY US AT CAMP? Please specify by a written doctor's order with name of drug, dosage, and frequency:

Name of drug	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any allergies (food, insects, seasonal/environmental, animals, asthma, medicine); describe reaction and management:

Does your child need an EPI-Pen? Yes () No () If yes, describe type of allergic reaction, including signs and symptoms of distress:

Please describe any dietary restrictions: _____

Does your child have any special needs – medical, emotional, learning? Provide as much detail as possible; attach additional paper if necessary:

Please indicate (or call us at 802 426-3210) any situations inside or outside of camp that may affect your child's behavior or attitude:

Village Harmony is not inherently dangerous. We exercise prudence and good sense in our choice of activities. At the same time, accidents can occur during the everyday course of events, and it is impossible for us to insure ourselves adequately against such occurrences. Therefore we ask you to take responsibility for providing adequate health insurance for your own child, and that you sign a waiver agreeing to indemnify us for any medical expenses. Please be sure to provide us with insurance information so that reimbursement can be made for any medical care needed by your child during the summer camp period.

Medical Insurance Info: _____
 Policy Name ID# Contact tel.#

I agree to hold Village Harmony blameless for any accident or injury which may occur to my child during the course of VH activities, except in the case of gross or willful negligence, and I agree to indemnify Village Harmony against medical claims which may arise from my child's illness, accident or injury.

*PARENT / GUARDIAN SIGNATURE _____ DATE _____