



Medical History and Release Form for Minors

Child's Name: _____ Birth date: _____ Sex: ____ Age: ____
First Middle Last

Parent or Guardian: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Other Phone: () _____
Optional

Second Parent or Guardian: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Other Phone: () _____
Optional

Emergency Contact Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Other Phone: () _____
Optional

Please be aware of my child's physical condition:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Heart condition | Please Explain _____

_____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye, Ear, Nose, Throat issues | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Epilepsy | | |

Allergies:

- | | | |
|--|--------------------------------------|----------------------------|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Penicillin | Please List _____
_____ |
| <input type="checkbox"/> Poison Oak/Ivy | <input type="checkbox"/> Other Drugs | |
| <input type="checkbox"/> Bees | <input type="checkbox"/> Peanuts | Please List _____
_____ |
| <input type="checkbox"/> Other insects/animals | <input type="checkbox"/> Other Food | |

My Child has the following Medical Concerns / Limitations:

- | | |
|--|---|
| <input type="checkbox"/> Chronic Illness / Injury: _____ | <input type="checkbox"/> Other concerns: _____ |
| <input type="checkbox"/> Activity Restrictions: _____ | <input type="checkbox"/> Current Medications: _____ |
| <input type="checkbox"/> Dietary Restrictions: _____ | |

My child may be given over the counter medications (Tylenol, Advil, Benadryl, etc):

- ☐ Please contact me first! ☐ Yes ☐ No

Other suggestions, documents or health-related information for camp personnel: _____

Additional document(s) attached? _____

Check if yes

Immunization History: Please give date of last immunization or attach a copy of the record.

Diphtheria, Tetanus, Pertusis (DPT) _____	Polio _____	Flu _____
Haemophilus Influenzae type b (Hib) _____	Hepatitis A _____	Meningococcal _____
Measles, Mumps, Rubella (MMR) _____	Hepatitis B _____	Varicella _____
Pneumococcal _____	Chicken Pox _____	

Name of Physician: _____ Phone: () _____

Family Health Insurance Carrier: _____ Policy #: _____

Authorization:

This health history is correct to the best of my knowledge. My child has permission to engage in all camp activities except as noted. I give permission to the medical personnel selected by the camp administration to order X-Rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child if I cannot be reached in an emergency. I give permission to the health professional selected by the camp administration to secure and administer treatment for my child, including hospitalization. This form may be photocopied and the photocopy may be used for all purposes.

Camp staff is CPR, First Aid and AED certified. I understand that I will be notified if my child breaks a bone, has extensive bleeding, a head injury, or any other medical need that necessitates staff seeking outside help or calling 911. Camper medication must be checked in with the Camp Director, in the original bottle upon arrival. CAMP WILL NOT ACCEPT MEDICATION THAT IS NOT IN ITS ORIGINAL BOTTLE.

I accept full responsibility for any injury my child might receive as a result of camp activities. I will provide my own health and accident insurance. I agree to pick up my child at anytime from camp if asked to by camp administration.

Signature of Parent/Guardian: _____ Date: _____

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

Signature of Minor: _____ Date: _____

This form is due to Whispering Winds by June 29, 2016

Email docs to: office@whisperingwinds.org or mail to Whispering Winds, 17606 Harrison Pk. Rd., Julian CA 92036