CAMPER / STAFF HEALTH HISTORY FORM
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DOING THE MOST GOOD

THE SALVATION ARMY RESIDENTIAL CAMPS

Camper / Staff Name_____ Gender___ Date of Birth_____ Age on Arrival at Camp_____
Address _____ City/State _____ Zip _____
Home Phone_____ Cell_____ Corps_____

Parent/Guardian Name_____ Relationship_____
Address _____ City/State _____ Zip _____
Home Phone_____ Cell_____ Email_____

Emergency Contact (if parent/guardian cannot be reached)
Name_____ Relationship_____ Phone_____

Insurance Information - Yes No Camper/staff is covered by family medical/hospital insurance.
Insurance company_____ Phone_____
Policy Number_____ Group/ID Number_____
Name of Policy Holder

Health Care Providers
Primary Doctor Name_____ Phone_____
Dentist Name_____ Phone_____

Immunization History – Provide the **month and year** for each immunization (OR attach a copy of immunization records).

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP or TdaP)					
Mumps, Measles, Rubella (MMR)					
Polio (IPV)					
Haemophilus Influenzae Type B (HIB)					
Pneumococcal (PCV)					
Hepatitis B					
Hepatitis A					
Varicella (Chicken Pox)					
Meningococcal Meningitis (MCV4)					
Tetanus (dT or TdaP)					
Influenza – Seasonal					
Influenza – H1N1					

TB Test Date: _____
Positive Negative

Had chicken pox?
Yes No
If yes, date:_____

General Health History – Check "Yes" or "No" for each statement.

1. Ever been hospitalized? ☐ Yes ☐ No
2. Ever had surgery? ☐ Yes ☐ No
3. Have recurrent / chronic illnesses? ☐ Yes ☐ No
4. Had a recent infectious disease? ☐ Yes ☐ No
5. Had a recent injury? ☐ Yes ☐ No
6. Had asthma/wheezing/shortness of breath? ☐ Yes ☐ No
7. Passed out or had chest pain during exercise? ☐ Yes ☐ No
8. Had seizures? ☐ Yes ☐ No
9. Had fainting or dizziness? ☐ Yes ☐ No
10. Had headaches? ☐ Yes ☐ No
11. Had a head injury? ☐ Yes ☐ No
12. Been knocked unconscious? ☐ Yes ☐ No
13. Had frequent ear infections? ☐ Yes ☐ No
14. Had high blood pressure? ☐ Yes ☐ No
15. Have problems with diarrhea/constipation? ☐ Yes ☐ No
16. Have a history of bedwetting? ☐ Yes ☐ No
17. Have problems with falling asleep/sleepwalking? ☐ Yes ☐ No
18. Wear glasses, contacts, or protective eyewear? ☐ Yes ☐ No
19. Ever had back/joint problems? ☐ Yes ☐ No
20. Have any skin problems? ☐ Yes ☐ No
21. Have diabetes? ☐ Yes ☐ No
22. Had "mono" in the past 12 months? ☐ Yes ☐ No
23. Traveled outside the country in the past 9 months? ☐ Yes ☐ No
24. Have problems with periods/menstruation? ☐ Yes ☐ No
25. Have an orthodontic appliance being brought to camp? ☐ Yes ☐ No

Mental, Emotional, & Social Health History –
Check "Yes" or "No" for each statement.

1. Ever been treated for attention deficient disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?
   ☐ Yes ☐ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?
   ☐ Yes ☐ No
3. During the past 12 months, have you seen a professional to address mental/emotional health concerns?
   ☐ Yes ☐ No
4. Had a significant life event that continues to affect camper/staff's life (abuse, death, divorce, adoptions, foster care, new sibling, etc.)?
   ☐ Yes ☐ No

Standing Medication Orders – The following non-prescription medications may be stocked in the camp and used on an **as needed basis** to manage illness or injury. My child has permission to take or use the following:

☐ Tylenol/Acetaminophen
☐ Benadryl/Antihistamine
☐ Tums/Antacid
☐ Advil/Ibuprofen
☐ Pepto Bismol/Imodium
☐ Robitussin/Expectorant
☐ Sudafed/Decongestant
☐ Swimmers' Ear/Alcohol Vinegar Solution
☐ Topical creams and ointments

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Camper / Staff Name _____ Corps / Unit_____

Diet & Nutrition (List dietary restrictions)

Eats a regular diet Eats a regular vegetarian diet

Has special food needs or allergies (describe below)

_____
_____
_____
_____
_____
_____

Allergies – List all allergies and reactions

No known allergies

_____
_____
_____
_____
_____
_____
_____
_____

Medications

No medications

Medications that will need to be administered at camp **MUST** be in the original container and include camper/staff's name, dose, and frequency. *All medications will be dispensed as directed on the bottle. Any changes require a doctor's letter.*

_____
_____
_____
_____
_____
_____
_____
_____

Restrictions – List all activity restrictions

I have reviewed the program and activities of the camp and feel I can participate without restrictions.

I have reviewed the program and activities of the camp and feel I can participate with the following restrictions or adaptations:

_____
_____
_____
_____
_____
_____

Past Medical/Surgical History

_____
_____
_____
_____
_____
_____
_____

Current Medical Treatment

_____
_____
_____
_____
_____
_____
_____

By signing and dating below, I am indicating that this health history is correct and accurately reflects the health status of the person to whom it pertains. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both health care and emergency situations. In the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for my child. I give permission to the camp to arrange necessary related transportation for my child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child, and these providers may talk with the program staff about my child's health status.

I understand that my consent is valid for *(please check the statement below that applies to you)*

the duration of my child's employment the duration of my time spent at camp as a participant

I understand that I may revoke this consent at any time by contacting the appropriate Salvation Army representative except when action has already been taken to obtain and/or release such information. My signature on this release indicates that I have read the above, and I understand the terms and conditions.

_____ _____ _____

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Permission/Waiver Form for The Salvation Army Residential Camps

Name _____ Gender ☐ Male / ☐ Female

Parent(s) and/or legal guardian(s) of child participant _____

Address _____
Street address City State Zip

Home Phone (_____) _____ Cell Phone (_____) _____ E-mail _____

Age of Child (at camp) _____ Birth Date _____ Rising Academic Grade _____

Camper Name: (Last) (First) Corps/Unit:

Consent to Publication by The Salvation Army (Photography, Film, Text, Audio)

- I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name (or my child's name), signature and likeness, and any portraits, pictures, photographic prints or other representations of me (or my child), or in which I (or my child) may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my (or my child's) name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me (or my child), or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my (or my child's) name or photograph to the use of any organization or person.
- I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.
- I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.
- I understand that The Salvation Army is not responsible for private individuals placing photos on Facebook or other such media.

Approved: Yes ☐ No ☐

Printed Name of Parent/Guardian **OR** Adult Participant | Signature of Parent/Guardian **OR** Adult Participant | Date

Parent's Agreement

I have discussed the importance of good camper behavior with my child. I understand that the camp staff will work to help resolve any difficulties in behavior, but that irresolvable behavior problems or behavior that threatens the safety or well-being of other campers will result in a child being dismissed from camp. If my child is asked to leave camp early due to irresolvable behavior problems, it will be necessary for me to pick up my child from camp if other transportation arrangements with local Salvation Army staff cannot be made

Printed Name of Parent/Guardian | Signature of Parent/Guardian | Date

Activity Responsibility Agreement

I, the undersigned, understand that there are risks and dangers inherent in participating in The Salvation Army Residential Camp. I understand that my child/ I, if I am an adult participant, may take part in activities which may include,for a time period of up to one year, transportation, swimming, boating, ropes course, field trips, indoor & outdoor games, bicycling and other activities consistent with the purposes of the unit/program. I also understand that in order to be allowed to participate in this activity and associated Activities, I must agree not to hold The Salvation Army liable for any injury or damage which my child/I may suffer while participating in any Activity or going to/from any Activity.

Knowing this, and in consideration of being permitted to voluntarily participate in any Activity, and recognizing the charitable nature of The Salvation Army, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner whatsoever out of any participation in any Activity.

- I understand and agree that I am releasing not only The Salvation Army, but also its officers, agents, and employees. I understand and agree that this waiver/release will have the effect of releasing, discharging, saving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future; whether known or unknown, and whether anticipated or unanticipated by me, whether through acts of omissions by The Salvation Army's personnel or other unrelated third parties or other participants.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.
- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my child/me while participating in any Activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify and hold The Salvation Army, its officers, agents or employees harmless from any and all liability or costs, including attorney's fees, associated with or arising from my child's/my participation in any Activity.
- I understand and agree that if I am signing this waiver/release on behalf of my minor child, which I will be giving up the same rights for said minor as I would be giving up if I had signed this document of my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. In signing below I acknowledge that I have read and understand the words and language in this waiver/release agreement. I understand there are potential dangers incidental to participating in any activity and going to/from any activity. I execute it voluntarily and with full knowledge of its meaning and significance. In accordance with Federal law, I understand that my consent is valid for up to one (1) year from the date of signature. My consent can be revoked at any time upon The Salvation Army's receipt of my written revocation.

Printed Name of Parent/Guardian **OR** Adult Participant | Signature of Parent/Guardian **OR** Adult Participant | Date