

**Last Name:** \_\_\_\_\_

**Camp Session:** \_\_\_\_\_

## Woodford Cedar Run Camp Health History Form 2022

**\*\* Cedar Run MUST have this form and required information ONE WEEK before camp starts!\*\***

**Camper Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Last) (First) (Initial)

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact 1- (Parent)**

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Alternate Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contact 2**

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Medical Information past or present (please check):**

|                              |                                  |                               |
|------------------------------|----------------------------------|-------------------------------|
| Asthma _____                 | Currently under Dr.'s care _____ | Aids/HIV positive _____       |
| Heart defect/disease _____   | Stomach/bowel problems _____     | 504/IEP _____                 |
| Seizures _____               | Chicken pox _____                | Other disease/condition _____ |
| Diabetes _____               | Measles _____                    | _____                         |
| Recent hospitalization _____ | German Measles _____             | _____                         |
| Developmental Delay _____    | Neurological Diagnosis _____     |                               |

For each checked please explain: \_\_\_\_\_  
\_\_\_\_\_

**Allergies (please check):**

|                  |                      |                        |
|------------------|----------------------|------------------------|
| Bee stings _____ | Poison Oak/Ivy _____ | Other drugs: _____     |
| Penicillin _____ | Foods _____          | Other allergies: _____ |

For each checked please explain: \_\_\_\_\_  
\_\_\_\_\_

**Current Medications (dosage/frequency):** \_\_\_\_\_  
\_\_\_\_\_

**Any reason to restrict full activity including canoeing, long hikes, strenuous physical game?:** \_\_\_\_\_  
\_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**OVER**

**Immunization History: MANDATORY**– Please Provide the dates of your child’s immunization program. **Reports must be obtained and copied from your primary care physician. Written in information will not be accepted.**

|            |           |         |         |
|------------|-----------|---------|---------|
| Tetanus    | Polio     | Mumps   | Rubella |
| Diphtheria | Pertussis | Measles | Other   |

COMMENTS: (Please give any additional information that you feel is important and/or will help us make your child’s attendance at camp more enjoyable.) \_\_\_\_\_

**IMPORTANT: THIS BOX MUST BE COMPLETED FOR ATTENDANCE.**

We, the undersigned parents/guardians (releasers) of the above said minor, give permission for the minor to participate in the Woodford Cedar Run Wildlife Refuge (WCRWR) program described above. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. The health history provided is accurate and truthful, and the person herein described does not have a communicable disease and all medical problems or conditions requiring ongoing medical supervision or care have been fully noted. We also give permission for this health information to be shared with the appropriate camp staff and outside medical personnel as necessary. We understand that in the event that the minor needs medical treatment, and we are unable to be reached, the staff of WCRWR may take responsible action seeking appropriate care. We also grant permission for WCRWR to record, print, photograph, film, and/or video the minor named above while he/she is attending WCRWR’s Summer Day Camps. We understand this media may be used for television, print advertising, the WCRWR website, and other promotional ads for WCRWR. On behalf of ourselves (as parents or guardians) we hereby release, indemnify and hold harmless WCRWR, its directors, officers, employees and volunteers (collectively “Releasees”) thereof from any and all liability claims and demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while the child is participating in activities for the above described program.

Signature of parent/guardian for minors (under 18 years old) \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian for minors (under 18 years old) \_\_\_\_\_

Date \_\_\_\_\_

Signature of staff (18 years of age or older) \_\_\_\_\_

Date \_\_\_\_\_

We, the undersigned Parents/Guardians of the above stated minor, grant permission for the minor to participate in canoeing during the week of summer camp. We understand that all participants are required to wear a Personal Flotation Device (PFD) and will be supervised by the staff of Woodford Cedar Run Wildlife Refuge.

Signature of Parent/Guardian for minors (under 18 years old) \_\_\_\_\_

Date \_\_\_\_\_