

# HEALTH FORM

PLEASE PRINT | [ONLINE health form available at CAMPHENRY.ORG](https://www.camphenry.org)

**This Health History is REQUIRED for registration.** This info is not part of the acceptance process, but is gathered to assist us in identifying appropriate care. Please check appropriate spaces and fill in all info as completely and accurately as possible.

Camper's Name \_\_\_\_\_ / Male or Female / Birth Date \_\_\_\_\_ /

Parent / Guardian \_\_\_\_\_ / Cell Phone \_\_\_\_\_ /

Non-Parental Emergency Contact \_\_\_\_\_ /

Relationship \_\_\_\_\_ / Phone \_\_\_\_\_ /

Overall Health? \_\_\_\_\_ /

Are there any medical problems, previous or current? (ie. Diabetes, asthma, seizure disorder, etc.)

Yes  No If yes, please explain in detail \_\_\_\_\_ /

List any surgeries or hospitalizations and year \_\_\_\_\_ /

Any special health and/or behavioral considerations and/or physical limitations? \_\_\_\_\_ /

\_\_\_\_\_ /

\_\_\_\_\_ /

Allergies / List All \_\_\_\_\_ /

\_\_\_\_\_ /

Physician \_\_\_\_\_ / Phone \_\_\_\_\_ /

Last Physical Exam (must have occurred within 24 months) \_\_\_\_\_ /

Dentist / Orthodontist \_\_\_\_\_ / Phone \_\_\_\_\_ /

Health Insurance \_\_\_\_\_ /

Policy / Group # \_\_\_\_\_ / Authorization Phone \_\_\_\_\_ /

\_\_\_\_\_ /

Date of last Tetanus (Required) \_\_\_\_\_ /

Polio \_\_\_\_\_ / Varicella \_\_\_\_\_ /

Hepatitis B \_\_\_\_\_ / MMR (Measles, Mumps, Rubella) \_\_\_\_\_ /

\_\_\_\_\_ /

Yes  No I hereby give my permission to the Camp Health Center to provide any first aid for the mild injuries and illnesses that should arise for the child named above.

Yes  No I also give my permission to administer over-the-counter medications, including: acetaminophen, ibuprofen, allergy/cold medications, gastrointestinal medications (e.g. Mylanta, laxatives, anti-diarrhea) and lotions/creams (e.g. sunblock, Benadryl cream, hydrocortisone) except for the following \_\_\_\_\_ /

\_\_\_\_\_ /

Prescription Medications and any Non-prescription / OTC Medications  
(You will be able to update this list when you deliver your child to camp)

Please list \_\_\_\_\_ /

\_\_\_\_\_ /

## SEND COMPLETED REGISTRATION/HEALTH FORM WITH PAYMENT TO:

Camp Henry 5575 Gordon Ave. | Newaygo, MI 49337 | tel. 616.459.2267

fax: 231.652.9460 | web: [CAMPHENRY.ORG](https://www.camphenry.org) | email: [info@camphenry.org](mailto:info@camphenry.org)

All medications brought by the camper (**prescription or over-the-counter**) must be given to the camp health center at the time of check in. The health center stocks the most common medicines such as Tylenol and cold remedies, so it is unnecessary to bring them. **All medications must be in the original container and include clear and current directions and the camper's name.** Asthma inhalers may be kept by the camper, as needed.

Campers are not allowed to bring alcohol, (e)cigarettes, drugs, weapons, fireworks, cell phones, or electronic devices (except cameras). Camp Henry reserves the right to search any camper's belongings and confiscate these items.

Camp Henry provides secondary accident insurance for campers during their time at camp. Camp Henry's insurance begins where yours leaves off. Illness and sickness are not covered. Any outside charges incurred related to this illness will be billed to parents or guardians.

I understand it is the policy of Camp Henry not to release a camper to anyone other than the person designated at the beginning of camp. I recognize that certain hazards and dangers are inherent in camp events and programs, and particularly, but not limited to, horseback riding, hayrides, swimming, boating, A-field activities, ropes courses, team courses, tower climbing, water skiing, sledding, and canoeing. I understand that adventure activities may expose my child to psychologically and physically stressful and challenging situations.

I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. I understand that my child shares responsibility for his/her safety and I have instructed my child in the importance of knowing and abiding by the camp rules, regulations, and procedures for the safety of camp participants. Further, I waive any claim that may arise against Camp Henry and/or its employees as a result of participation in the program, except for those which are the direct result of the gross negligence of Camp Henry or its employees. Camp Henry reserves the right to discipline or send home any child for any reason at its sole discretion, including rule violations or health and safety concerns.

Accordingly, individually or on behalf of my minor child(ren), I hereby expressly, specifically, knowingly, freely, and for valuable consideration (including, but not limited to, Camp Henry's facilities subject to Camp Henry's rules, guidelines, and instructions) agree to waive, release, discharge, hold harmless, defend, and indemnify Camp Henry and its members, board of directors, trustees, officers, employees, independent contractors and agents from and for any and all liability, damages, harm, costs, and expenses arising from or relating to my or my minor child(ren)'s presence at Camp Henry and attendance at or participation in its programs and activities, whether such liability, damages, harm, costs, or expenses occur on or off Camp Henry's premises, related to COVID-19.

In signing this document, I hereby certify that the included information is correct, and give permission for the use of photographs, or other media, including my son or daughter to be used in camp publicity; for my son or daughter to be transported for approved out-of-camp activities, and for the release of medical information in case of illness. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Henry staff to obtain proper medical diagnosis, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above. If an injury should occur at Camp Henry, I understand that Camp Henry's insurance coverage picks up where my insurance leaves off, up to the limits of the camp.

**CAMP HENRY EQUINE LIABILITY RELEASE /** Please read the following agreement and liability release for horseback riding and/or horse-related activity at Camp Henry before signing. **WARNING /** Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

As a guest at Camp Henry, I, the undersigned, recognize that Camp Henry is located in a rustic setting with natural and artificial hazards (including surface and subsurface conditions). The undersigned also understands that it is the propensity of an equine to behave in ways that may result in injury, loss, or death. Equines can act unpredictably to sounds, sudden movements, unfamiliar objects, persons, or other animals. It is also understood by the undersigned that there could be a collision with another equine, animal, person, or an object while riding on Camp Henry premises.

The undersigned will be given basic riding instruction prior to riding, yet there is a potential for the participant to act or fail to act in a manner that could contribute to injury, loss, or death. I understand that by mounting a horse and by taking the reins that the rider is in primary control of the horse. The rider's safety largely depends on his/her ability to carry out simple instructions and his/her ability to remain balanced aboard the moving equine.

I/We, the undersigned, have read and do understand and agree to the foregoing agreement, warnings, waiver, and the assumption of risk. We assume the risk of injury from the above danger, and waive liability, if any, of Camp Henry/Westminster Presbyterian Church of Grand Rapids, MI and its staff and volunteers.

\_\_\_\_\_ / \_\_\_\_\_ /

Authorized Signature / Parent or Guardian Required Date of Signature

\_\_\_\_\_ / \_\_\_\_\_ /

**For Camp Henry Use Only /** Health review form to be completed by the Camp Henry Health Center within 24 hours of camper's arrival. Initials \_\_\_\_\_ / Date of Signature \_\_\_\_\_ /