

CAMP ONOMIA RETREAT PARENTAL RELEASE & HEALTH FORM

Name of Camper \_\_\_\_\_ Birth date \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Grade in school \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

If parent/guardian is not available, emergency contact is:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance

Company \_\_\_\_\_ Policy No \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Care Provider

Name \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**HEALTH HISTORY** (completed by parent/guardian)

1. Check if camper has been subject to medical treatment for any of the following:

Diabetes Ear Trouble Seizures Allergies Poison Ivy Throat or Sinus Asthma Behavior Bee Sting

Please explain: \_\_\_\_\_

2. Dates of immunizations:

Tetanus DPT \_\_\_\_\_ Polio \_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_

3. Check if camper is **allergic** to the following, please describe reaction:

Penicillin \_\_\_\_\_

Other Drugs \_\_\_\_\_

Bee Stings \_\_\_\_\_

Foods \_\_\_\_\_

Other \_\_\_\_\_

4. Current medications: Drug name, dosage amount, and scheduled time(s) *\*medication must be brought in original labeled prescription bottle*

5. Please explain conditions requiring medication or other condition requiring special care: \_\_\_\_\_

6. Is the camper subject to homesickness? If yes, provide suggestions on how to deal with it: \_\_\_\_\_

7. List any special dietary needs: \_\_\_\_\_

8. Please indicate any restrictions on physical activities or any concerns you may have regarding your child: \_\_\_\_\_

**PARENTAL AUTHORIZATION – MUST BE SIGNED BY PARENT/ GUARDIAN IF CAMPER IS UNDER THE AGE OF 18!**

My child has permission to take part in all camp activities including offsite activities under supervision and I agree that the camp, or its personnel, will not be held responsible for accidents or personal injury arising there from. Camp Onomia has permission to use photos my child may be in for camp promotional purposes. In the case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of the camper. In the event I cannot be reached I hereby give permission to the medical examiner selected by the Onomia staff to hospitalize, to secure proper treatment for, to order an injection, anesthesia, or surgery for my child as named on this form. I understand that Camp Onomia does not provide medical insurance. I agree to pick up my child upon notice due to disruptive behavior and will pay for any damages caused by my child attending this retreat.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

My child, \_\_\_\_\_, can be picked up from Camp Onomia by the following people:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_