

Kaleidoscope Camp Information and Health Form

General Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Work Phone _____
 Parent's Name(s) _____
 Home Church _____
 Male _____ Female _____ DOB _____ / _____ / _____ Age _____
 Grade entering in Fall _____
 School _____

How did you hear about Kaleidoscope Camp?

Please Circle

Brochure

My Church _____

Richmond Kids Directory

WAVY News 10/FOX 43

Summer Camp Guide

Kaleidoscope Camp's Open House

Friend or Relative

Other _____

Week Attending:

Emergency Contact Information

In an emergency call _____ Relationship: _____
 home phone number _____ work number _____
 If not available call _____ Relationship: _____
 home phone number _____ work number _____

Health and Medical Information

Physician's Name _____ Phone _____
 Ins. Company _____ Policy No. _____ Phone _____
 Group No. _____ Policy Holder's Name: _____

Circle all past illnesses or conditions and give dates where possible.

Asthma _____	Bed wetting _____	Bronchitis _____	Colds, frequent _____
Chicken Pox _____	Diabetes _____	Ear problems _____	Epilepsy _____
Fainting _____	Headaches _____	Heart _____	Kidney _____
Menstruating Yes No	Menstrual problems _____	Nightmares, frequent _____	Nose bleeds _____
Sleepwalking _____	Sinusitis _____	Surgery _____	Upset Stomach _____

Other health concerns or details from above _____

Describe any recent exposure to contagious disease _____

Behavioral considerations to be aware of _____

Date of last tetanus or DTP _____

Allergies (incl. food, drugs, bee stings, etc.) _____

Current Medications (list) _____

Describe any medical treatment the camper is currently under _____

Medication Information

WCRC Staff will keep and administer all medication.

Please be sure all medications are in their original containers with the original label.

Please write instructions (dosage and times) for the medications your child is taking (prescription and non-prescription) and note what non-prescription medications are acceptable to administer if requested by the camper for headaches, colds, etc.):

Please initial the following that may be given to your child if needed:

Tylenol/ Advil Cough syrup/Robitussin CF Antiseptic Creams TUMS, Maalox, Pepto Bismol
 Benadryl Triple Antibiotic Ointment **All of the above** **Please call first**

Parent/Guardian Information

Is there a divorce or separation? Yes ___ No ___ If yes, do both parents have visiting privileges? Yes ___ No ___
Is there a stepparent? Yes ___ No ___ Is there anyone who should be restricted from picking up your child? Yes ___ No ___
If yes, who? _____

Consent and Indemnity

(Both parents must sign, unless only one legal parent/guardian)

In signing this document, I hereby certify that the information above is correct. I give permission for the use of video and/or photographs including my son or daughter to be used in camp publicity. I give permission for my son or daughter to be transported in privately owned vehicles for off property activities. I give permission for the release of medical records in case of emergency or illness. I desire that my child participate in the full camp program and all activities unless I advise you otherwise in writing.

I know that Williamsburg Christian Retreat Center (WCRC) is interested in the spiritual, moral, social and physical health of my child. In the event camp personnel deem my child's behavior unacceptable, or my child demands to go home, WCRC will make every effort to discuss the matter with the parent and reserves the right to send the child home at my expense without a refund.

In the event I cannot be reached, I hereby give permission to the physician selected by the WCRC staff to obtain proper medical diagnosis, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I understand that some weeks of camp there is no certified nurse hired by WCRC to administer medication to my child. I understand that the Assistant Program Director or Head Counselor will administer medication according to my written instructions and that WCRC staff will provide First Aid care as needed.

I am happy to have my child participate in the Kaleidoscope Camp program. We recognize that some camp activities have an inherent risk of injury. In consideration of permission granted my son or daughter to participate in camping activities, we hereby covenant with WCRC that we will never, individually or as legal guardians of said individuals, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of, camping and other related activities sponsored by WCRC, its successors and legal representatives. We further agree to indemnify and hold WCRC harmless against any and all cost, damages and expenses, which may be incurred by them as a result of any lawsuit we might file against them.

Signature _____ Date _____

Signature _____ Date _____