

# SUMMER 2023 CAMPER HEALTH RECORD / MEDIA RELEASE

1. **Parent(s) or guardian(s)** MUST complete parts 1 - 4, 6, and 7
2. **Parent(s) or guardian(s)** may elect to:
  - Have parts 5A and 5C completed and signed by a doctor OR
  - Complete and sign parts 5A and 5B themselves
3. **THIS FORM MUST BE PRESENTED TO THE NURSE UPON ARRIVAL AT CAMP**

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 400 Eaton Road, Fairview, PA 16415  
 Office: (814) 474-5001 | Fax: (814) 474-4818  
 Email: office@campnotredame.com

## PART 1 (Please print clearly)

Name of Camper: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone (1): ( \_\_\_\_ ) \_\_\_\_\_  
 Parent / Guardian Email Address: \_\_\_\_\_ Phone (2): ( \_\_\_\_ ) \_\_\_\_\_

### Person to contact, if other than listed above, if necessary while your child is at camp:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

## PART 2 - IMMUNIZATION RECORD

2A. I certify that my child is current (up to date) on all state required immunizations Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 2B. Please indicate the date of your child's most recent Tetanus shot (Must be within 10 years) Date: \_\_\_\_\_  
 2C. Has your child received the COVID vaccine? Yes: \_\_\_\_\_ No: \_\_\_\_\_

## PART 3 - PARENTAL CONSENT

I (we) authorize treatment for any minor injury or illness that occurs at Camp Notre Dame, including the administration by the nurse of any non-prescription medications. If doctor or hospital service is needed, treatment may be started. I (we) agree to be responsible for all expenses incurred for medication, treatment, injury or illness suffered by the camper during his/her stay at Camp Notre Dame. I (we) authorize the camp nurse to administer any prescription or non-prescription medications that accompany my (our) child to camp.

In case of emergency, preference of hospital and doctor: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 4 - FAMILY HEALTH INSURANCE INFORMATION

Name of Insurance Provider: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 Group Number: \_\_\_\_\_ I.D. Number: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

## PART 5A

Does your child have any of the following:

	Yes (If yes, please explain)	No
Diabetes		
High Blood Pressure		
Asthma / Reactive Airway		
Lung / Respiratory Problems		
Ear / Eyes / Nose Problems		
Muscle / Bone Issues		
Head Injury / Concussion		
Psychiatric / Emotional Difficulties		
Blood Disorders		
Fainting Spells or Dizziness		
Seizures		
Stomach / Digestive Disorders		
Sleep Walking		
Bed Wetting		
Other		

Please list any allergies:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have an epi pen? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does your child have a rescue inhaler? Yes: \_\_\_\_\_ No: \_\_\_\_\_

## PART 5B - PARENT(S) WAIVER OF RESPONSIBILITY

In lieu of a physical examination by a licensed physician, (camper) \_\_\_\_\_ is in good physical and mental condition to participate in all Camp Notre Dame activities, I (we) \_\_\_\_\_, as parent(s) or guardian(s), do hereby assume full responsibility in attesting to said good physical condition, and therefore state that the above-named camper is able to participate in all activities of the Camp program. It is further agreed that Camp Notre Dame is free of responsibility for any ill health consequences resulting from a condition or state of ill health of the above-named camper prior to or at the time of his/her arrival at Camp Notre Dame.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PART 5C - DOCTOR'S STATEMENT (optional)

May this child take part in typical camp activities: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please indicate restrictions: \_\_\_\_\_

Allergic or sensitive to any food, medicine, or other substances: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

### PART 6 - MEDICATIONS

Please indicate any **home medications**:

MEDICATION	DOSE	B.FAST	LUNCH	DINNER	BEDTIME

\*\*In order to provide your camper with the best possible experience at camp, please try to schedule medication times around mealtimes, if possible.  
Thank you\*\*

### Over the Counter Medications:

The following medications will be available through the camp nurse for your camper. Please check the medications your child may be given during the week if needed. Medicine will be administered per package instructions.

Acetaminophen (Tylenol)	Pepto Bismol	AfterBite / Calamine	Sun Burn Cream
Ibuprofen (Motrin)	Decongestant	Eye Drops	Antibiotic Ointment
Benadryl / Allergy	Antacid	Swimmer's Ear	Cold Medicine
Anti-Diarrhea / Constipation	Cough Drops		

**Any questions for the nurse or regarding the completed forms prior to camp can be sent to [nurse@campnotredame.com](mailto:nurse@campnotredame.com).  
If sending health form via email, please include the week your child will be attending.**

### PART 7 - 2023 MEDIA RELEASE FORM

This authorization form shall serve as parental permission for the use of name, likeness and/or photographic image of a child/youth where such permission is required. Please check one box below and sign:

I **DO** grant permission to CAMP NOTRE DAME, INC. \_\_\_\_\_ I **DO NOT** grant permission to CAMP NOTRE DAME, INC. \_\_\_\_\_

to use my child's/youth's name, likeness, and/or photographic image in the production of promotional brochures, media events, website and general marketing materials. I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify Camp Notre Dame in writing, all references to my child/youth (i.e., name, likeness, and/or photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that Camp Notre Dame is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image). I further understand that my child's/youth's name, likeness, and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

Name of Camper (please print): \_\_\_\_\_ Name of Parent (please print): \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Is there anything else we should know, or pass along to our Summer Director, to ensure your child has a positive Camp experience?

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