

SUMMER 2024 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**

P.O. Box 74 /
 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: _____

