

# Camper's Health Information and Consent Form

Please complete one form per camper and fax to 831.465.3390, or mail to:  
Kruz Kidz  
2701 Cabrillo College Drive  
Aptos, CA 95003-3103

Camper's full name \_\_\_\_\_ Gender  M  F DOB: \_\_\_/\_\_\_/\_\_\_

Camp Registered for \_\_\_\_\_ Dates of Camp \_\_\_\_\_

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

Emergency Contact (relation) \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Camper's Current Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Name of member \_\_\_\_\_

Has your child been exposed to any communicable disease in the past 6 months?  Yes  No

(If yes, please specify) \_\_\_\_\_

To the best of my knowledge, this child is healthy and fit for an active camp program.  Yes  No

Date of last Tetanus Shot (mm/dd/yyyy) \_\_\_\_\_

Are immunizations current?  Yes  No

Previous hospitalizations/surgeries: \_\_\_\_\_

Limitations of activities by physician's advice (i.e. swimming, hiking, etc.): \_\_\_\_\_

The camper is currently experiencing or has recently had problems with:

## Allergies:

\_\_\_\_ Hay Fever  
\_\_\_\_ Ivy Poisoning, etc.  
\_\_\_\_ Insect/bee stings  
\_\_\_\_ Penicillin  
\_\_\_\_ Other Drugs  
\_\_\_\_ Asthma  
\_\_\_\_ Other (Please specify)  
\_\_\_\_\_  
\_\_\_\_\_

## Other:

\_\_\_\_ Frequent Ear Infection  
\_\_\_\_ Convulsions  
\_\_\_\_ Diabetes  
\_\_\_\_ Bleeding/Clotting Disorders  
\_\_\_\_ Restricted Diet (please be specific  
in order to help our kitchen staff)  
\_\_\_\_\_  
\_\_\_\_ Bed wetting  
\_\_\_\_ Exposure to Sun  
\_\_\_\_ Sleep Walking  
\_\_\_\_ Other (Please specify)  
\_\_\_\_\_  
\_\_\_\_\_

## Neuro/Psychological:

\_\_\_\_ ADD/ADHD  
\_\_\_\_ Epilepsy  
\_\_\_\_ Concussion  
\_\_\_\_ Counseling

## Medications

Type of Medication \_\_\_\_\_

How to Administer \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Other comments \_\_\_\_\_

*Please note that the medication must be in original container with the label still intact.*

## Consent

**Medical Release:** The health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities except as noted. In Case of Medical Emergency, if I cannot be contacted, I hereby give permission to a camp representative and the physician he/she selects to secure proper treatment, including: hospitalization, ordering injections, giving anesthesia, x-rays, routine tests, treatment, transporting of child, or performing operations as may be urgently necessary for this child and to release reports necessary for insurance purposes for my son/daughter noted above. This form may be copied for emergency purposes. I understand that every effort will be made to contact the camper's responsible parent or guardian. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

**Liability Release:** In consideration of being permitted to participate in any way in the activities at and to attend Kruz Kidz, I, for myself, my child, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Kruz Kidz, its parent organization, Twin Lakes Church, its officers, employees, and agents, from liability from any and all claims including the negligence of Kruz Kidz, its parents organization, Twin Lakes Church, its officers, employees, and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to the activities and attendance at Kruz Kidz. The participation in activities at Kruz Kidz carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Activities at Kruz Kidz require a high level of physical fitness, I warrant that my child is physically fit and able to participate in all Camp Activities except those listed above. I also agree to INDEMNIFY AND HOLD HARMLESS Kruz Kidz, its parent organization, Twin Lakes Church, its officers, employees, and agents, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, as a result of my child's attendance and involvement in any activities at Kruz Kidz, including any claim asserted by my child after he/she become an adult. I also acknowledge that I have read the above and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing freely and voluntarily, and intend by my signature to a complete and unconditional release of all liability to the greatest extent allowed by law.

### **Bus Release:**

(For Adventure Camps and Nature Camps): I hereby give permission for my child to ride Kruz Kidz bus and van transportation.

### **Publicity Release:**

I give Kruz Kidz permission to audio, video, and photography of this registering camper for the purposes of Kruz Kidz sales and promotions without compensation or approval rights (i.e. brochure mailings, highlight promotional videos, and photos for our website).

Camper Name: \_\_\_\_\_

Releasor Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_