



Health History Form

Camp and Retreat Ministries
Oregon-Idaho Conference
1505 SW 18th Avenue
Portland, OR 97201

Camper's Name _____ Birthdate _____

Gender [] Male [] Female [] Other _____

Height (Feet and Inches): _____ Weight (Lbs): _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I or my child has permission to take part in all camp activities under supervision unless limitations are noted above, and I agree that the camp or camp personnel will not be held responsible for accidents arising therefrom. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. In the event that I or the emergency contact cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp to secure and administer treatment, including hospitalization, and to provide or arrange necessary related transportation for the person named above. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to myself/my child. I agree to the release of any records necessary for insurance purposes. A printed version of this completed health form may be photocopied for trips out of camp.

Your signature below confirms that you have read the medical waiver, that you understand it, and that you agree to be bound by it. If you do not agree to this waiver, you/your child will not be able to attend camp.

Self or Parent/Guardian Full Name: _____

Signature: _____

Date: _____

SOCIAL MEDIA POLICY

I confirm I have read and understand the Social Media Policy of Camp and Retreat Ministries of the Oregon-Idaho Conference. For more details: https://www.gocamping.org/readyssetgotocamp.

If you do not sign, you/your child will not be able to attend camp.

Your Full Name: _____

Signature: _____

Date: _____

PHOTO RELEASE

I give permission for my/my child's photo, oral interview or written material to be used in advertising of the camp or camping program. For more details: https://www.gocamping.org/readyssetgotocamp

Your Full Name: _____

Signature: _____

Date: _____