Please **PRINT** legibly.

All spaces must be filled in.

BUCKHORN Staff 2008

MEDICAL & CONTROLLED RISK ACTIVITY FORM

Name_____

_____ ☐ **Male** ☐☐**Female**

(Last) (First) (M.I.)

Address_____

_

City_____**State**_____**Zip**_____

Phone __(___)_____**Birth date**_____ **Age**_____

EMERGENCY CONTACT: Name_____**24 Hour Phone #**_____

Relationship to you:_____

HEALTH HISTORY
(Check & Give approximate dates)

_____ Frequent ear infections
_____ Heart Defect/Disease
_____ Diabetes
_____ Bleeding/Clotting disorders
_____ Hypertension
_____ Mononucleosis

DISEASES

_____ Chicken Pox
_____ Measles
_____ German Measles
_____ Mumps

ALLERGIES

_____ Hay fever
_____ Ivy Poisoning, etc.
_____ Insect stings
_____ Penicillin
_____ Other drugs
_____ Asthma
_____ Other (*specify)*

Camp dates you will be attending:_____

_____ ❑ Staff ❑ Camper

Name of Physician_____

Address _____

City_____State_____Zip_____

Phone #_____

Operations or serious injuries_____

Chronic or recurring illness or medical condition_____

_____

Dietary restrictions_____

_____

Current Medications (*send with instructions)*_____

_____

Other diseases_____

_____

Suggestions on health related information for Camp Personnel:_____

_____

_____

Do you carry Family Medical/Hospital Insurance? ❑ Yes ❑ No

Carrier_____

Policy or Group #_____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) DPT Tetanus	1 2 3	1 2
Polio (Oral, Sabin - Injectable, Salk)		
Measles (Rubeola)		
Mumps		
Rubella		
Other		
Tuberculin test given		
Haemophiles influenza b (HIB)		
Hepatitis B		

HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN

MEDICATIONS TO BE ADMINSTERED AT CAMP – All medications must be in original prescription bottle clearly carked as to content, dosage and frequency:

MEDICATION NAME	DOSAGE	FREQUENCY	ROUTE	TIMES

Any prescribed meal plan or dietary restrictions_____

_____

Any allergies (*food, drugs, plants, insects, etc.)*_____

_____

Activities to be encouraged or limited_____

_____

Additional Health Information_____

_____

I have examined the above camp applicant within the last year. Date examined_____

In my opinion, the above condition ❑ does ❑ does not preclude his/her participation in an active camp program.

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP

Any treatment to be continued at camp_____

LICENSED PHYSICIAN'S
SIGNATURE_____
ADDRESS_____PHONE_____
DATE OF FORM COMPLETION

I give permission for _____ to participate in horseback riding, boating, and challenge course activities while at Buckhorn Camp/Tip Top Ranch. I understand that these are activities that involve a degree of risk, and that only qualified leadership will be used. I understand that by signing this waiver I am releasing **Buckhorn Camp Leaders** from all liabilities in the event of an injury or accident.

I also give my permission for any necessary medical/surgical treatment that may be necessary in the unlikely event that an accident should occur.

✍_____(Camper Name)_____ Date
(Signature of Parent or Legal Guardian)

✍ **Please sign** both release forms (**TIP TOP RANCH, INC.** Requires their own release form) and return entire form to the Buckhorn Camp Registrar. No camper will be allowed to ride without both sections of this form being signed.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. *Authorization for treatment:* I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named. The completed forms may be photocopied for trips out of camp.
I understand and agree to abide with the restrictions placed on my camp activities.

Signature_____ Date _____
(parent/guardian if under 18)

If for religious reasons you cannot sign this the Registrar should be contacted for a legal waiver which must be signed for attendance.

Revised 1/2008