

MEDICAL EXAMINATION (REQUIRED)

To be completed by a licensed physician or nurse. This examination should be performed not more than 12 months before arrival at camp for determining fitness to engage in strenuous activities.

Height _____ Weight _____ BP _____

Eyes (with correction) _____ Heart _____

General Appraisal _____

List Restrictions (if any) _____

Camp Lawroweld requires all campers to have immunizations up to date. **All campers attending must enclose a complete list of their immunizations.** Campers must have had a tetanus shot within the last 10 years. Last tetanus booster date _____

I have examined the person herein described and have reviewed their health history. It is my opinion that they are physically able to engage in camp activities, except as noted above.

Licensed Primary Care Medical Professional _____

Signature

Printed Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ - _____ Date _____

CAMP HEALTH RECORD

IMPORTANT - Please notify the camp if the camper is exposed to any communicable disease during the three weeks prior to camp attendance. Not recording true medical and/or mental condition is reason for dismissal or rejection.

HEALTH HISTORY (Check and give approximate dates & causes)

- Asthma Heart trouble Kidney trouble
- Athlete's foot Diabetes
- Seizures (date & cause of last one) _____
- Chronic or recurring illness _____
- Operations (dates) _____
- Serious injuries (dates) _____
- Bed wetter (Bring Pull-ups/Depends/or equivalent for the entire week)

Allergies

- Insect stings Plants/foods _____
- Penicillin Other drugs _____

HANDICAPS

- Can camper sleep on top bunk? Yes No
- Mental (to what extent?) _____
- Physical (to what extent?) _____

MEDICATIONS

- | | |
|------------|--------------|
| Meds _____ | Dosage _____ |
| Meds _____ | Dosage _____ |
| Meds _____ | Dosage _____ |
| Meds _____ | Dosage _____ |
| Meds _____ | Dosage _____ |

RESTRICTIONS

Camp Lawroweld is not staffed to care for campers with mental and/or physical problems that require professional staff. Campers must be able to walk on their own and care for personal needs. Otherwise campers are expected to provide, and cover the costs for their own sighted guides. Those with multiple disabilities may not be eligible. Persons who cannot control their bowels should not attend camp. Before attending camp please know that the terrain for this camp maybe difficult for some.

- Camper can perform daily hygiene activities unassisted (dress, comb hair, etc.)
- Camper can perform daily personal activities unassisted (eating, restroom, etc.)

CONSENT & RELEASE

- Please read carefully and sign below. It is VERY IMPORTANT that this be signed. Your application will be returned if it is NOT signed.
- I release the camp, its management, and Northern New England Conference from liability in case of accident or illness and do further indemnify and hold harmless such entities and persons from such claim.
- In case of a medical emergency, I hereby give permission to the physician selected by the camp director or healthcare personnel to secure proper treatment and/or to hospitalize as deemed necessary.
- I understand that campers may be photographed, video graphed, and/or interviewed for use in news media, publications, or promotionals. I consent for Camp Lawroweld to use all photographs, quotes, and recordings.
- Total payment is due with completed and signed application.
- My primary care medical person has signed application.
- All information is correct to the best of my knowledge.
- I agree to cooperate with the Camp Lawroweld staff.
- I agree not to engage in illegal or prohibited activities.
- I understand and agree to abide by the restrictions placed on my camp activities.
- I understand that smoking, use of illegal drugs; alcohol, tobacco products, firearms, explosives, and sexual promiscuity are not permitted at camp.

Signature _____ Date _____

I am the Parent Legal Guardian Adult Camper Caregiver

(All campers under 18 years old must have parent's or guardian's signature.)