

CAMP CHI RHO INFORMATION & LIABILITY FORM

Camper Name _____ Age _____ Sex _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian: _____
Home: _____ Work: _____ Cell: _____
Home: _____ Work: _____ Cell: _____
Emergency contact: _____ Relationship: _____
Home: _____ Work: _____ Cell: _____

Health Information

Campers Height _____ Weight _____
Is camper in good physical condition? Yes No Does camper have any activity restrictions? Yes No
Does camper have any swimming restrictions? Yes No
Circle any existing health conditions: Diabetic Seizure Disorder Bed Wetting Sleep Walking
Ear Infections Nosebleeds Asthma
Other: _____
Does your camper have any allergies (including food allergies)? Yes No Please specify:

Is your camper on medication on a regular basis? Yes No Please see Camp Chi Rho Medicine Form.
Do we have permission to give your camper over the counter medications? Yes No
Date of last tetanus shot: _____ Preferred Hospital: _____
Family Doctor: _____ Dentist: _____
Insurance Provider: _____ Policy Holder: _____
Policy#: _____ Group: _____ Plan: _____
Additional Information: _____

I know of no mental or physical condition other than those disclosed above, that may affect my camper's ability to safely participate in camp activities. I authorize a representative of Redeemer Lutheran Church to attend to any health problems or injury my camper may incur while at camp. I hereby release and hold harmless Redeemer Lutheran Church, its employees, and the volunteer staff from any and all liability that may arise out of my camper's participation at camp. I also understand that I am responsible for any medical expenses that may be incurred. I understand that photo's and/or video's of campers may be taken and post, but no camper will be named. If you do not want your camper's image to ever be posted please notify Garry Moss at the church office in writing concerning this topic. _____

Parent/Guardian Signature