

# CAMPER HEALTH HISTORY FORM1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

Mail this form to the address below by \_\_\_\_\_ (date)

1865 E. Hwy 90  
Seguin, TX 78155  
[education@sequinolc.org](mailto:education@sequinolc.org)  
830-379-7652

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

**To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.**

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) (\_\_\_\_)  
Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) (\_\_\_\_)  
Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) (\_\_\_\_)

**Allergies:**  No known allergies.  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
*(Please describe below what the camper is allergic to and the reaction seen.)*

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  This camper is lactose intolerant.  This camper is gluten intolerant.  
 Other, *please explain in space.*

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.  
*(Please describe below.)*

### Medical Insurance Information:

This camper is covered by family medical/hospital insurance  Yes  No

**Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_

### Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

*If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

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Camper Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

**Immunization History:** Provide the month and year for each immunization. Starred (\*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test      Date: \_\_\_\_\_       Negative       Positive

**If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.**

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Medication:**       This camper will not take any daily medications while attending camp.  
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- |   |   |
|---|---|
| Acetaminophen (Tylenol)                                   | Ibuprofen (Advil, Motrin)                                     |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)                        |
| Antihistamine/allergy medicine                            | Guaifenesin cough syrup (Robitussin)                          |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM)                  |
| Sore throat spray   | Generic cough drops   |
| Lice shampoo or cream (Nix or Elimate)                    | Antibiotic cream  |
| Calamine lotion   | Aloe  |
| Laxatives for constipation (Ex-Lax)                       | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

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Camper Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

## **General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |  |  |  |  |
|--|--|--|--|
| 1. Ever been hospitalized? .....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? .....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? .....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? .....           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? .....               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? .....                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? .....      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?.....         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?.....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?.....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? .....                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?.....             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?.....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?.....    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Please explain "Yes" answers in the space below,** noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

## **Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

- |  |  |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....<br>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Please explain "Yes" answers in the space below,** noting the number of the questions. The camp may contact you for additional information.

## **Health-Care Providers:**

Name of camper's primary doctor(s): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of dentist(s): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of orthodontist(s): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**What Have We Forgotten to Ask? Please provide in the space below** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

**Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.**

# Irma Lewis Seguin Outdoor Learning Center



## The Irma Lewis Seguin Outdoor Learning Center 2018 Summer Camp Registration Form

Please print and complete the following forms and return with your deposit or full payment.

All camps are for children ages 5-15. Camp runs 9:30AM-4:30PM with an hour before and after for drop off and pick up. If you need to drop off your child before 8:30AM, please plan with our staff in advance. A small fee will be charged for this service.

The cost of each week is \$200 with a repeat week and sibling discount of \$25. Sign up for all six weeks and one of the weeks will be free.

Each week, campers will get to experience fishing, archery, canoeing, and the ropes course as well as specialized activities pertaining to each theme week. Each week will end with a closing ceremony and awards, and a youth talent showcase with an optional family campout on Friday.

Please select the session(s) your camper will be attending.

**Week One: The Science of Conservation June 11th-15th**

Campers will focus on stewardship and conservation practices, biodiversity, habitat restoration, aquatic studies, and plant and wildlife studies.

**Week Two: Core Routines and Creative Expression June 18th-22nd**

Campers will experience the core routines of naturalists (sneaking, camouflage, journaling, wildlife tracking, and other nature based creative activities). During this week, campers will create their own stop motion animation nature video using software from The Edge of Imagination Station and Friday evening host the youth led event 'Mid Summers Night Dream.'

**Week Three: Into the Wild June 25th-29th**

Campers will learn primitive camping and survival skills, introduction to backpacking and outdoor exploration, fire and knife safety, knots and cordage, Leave No Trace Ethics, navigation and first aid.

**Week Four: On Target July 9th-13th**

Campers will focus on shooting skills- everything from primitive weaponry and hunting techniques, archery, skeet exercises, and hunting stewardship. Campers ages 9 and up will have the opportunity to get their Hunter's Education Certification through a Texas Parks and Wildlife Accredited Instructor.

**Week Five: Trust and Teambuilding July 16th-20th**

Campers will be engaged in an experiential learning environment that teaches them the importance of leadership and focuses on building trust, communication skills, peacekeeping tactics and conflict resolution.

**Week Six: Texas Natural History July 23rd-27th**

Campers will spend time learning about the Natural History of Texas, stone tool discovery, geology, caving, rocks and minerals, and take part in an archeological dig.

# Irma Lewis Seguin Outdoor Learning Center



## Camper Information

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday (MM/DD/YYYY): \_\_\_\_\_ Current Age: \_\_\_\_\_

School Grade (recently completed): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (Please list two people):

1. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Anything else you'd like us to know about your child: \_\_\_\_\_

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# Irma Lewis Seguin Outdoor Learning Center



## **SEGUN OUTDOOR LEARNING CENTER FULL AND COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

The undersigned, being at least 18 years of age, on behalf of myself if I am participating or if for a Minor, hereby represents that he/she is the parent or guardian of \_\_\_\_\_ (hereafter referred to as the "Child") and, in exchange for the Seguin Outdoor Learning Center, (hereafter referred to as SOLC) making these facilities and services available to me and/or the Child, hereby **CONTRACTS AND AGREES AS FOLLOWS:**

I **RECOGNIZE** that there are **RISKS** in any experience, adventure, sport or activity associated with the outdoors. I am **FULLY AWARE** of the possible **RISKS** and **DANGERS** inherent in participating in the activities offered by SOLC, including, **BUT NOT LIMITED TO:** archery, mountain biking, ropes/challenge courses, rock climbing, canoeing, fishing, use and safety of firearms, hiking, backpacking, camping, outdoor cooking, nighttime activities, exposure to wild and domestic animals, abrupt weather changes and the unexpected occurrences of activities conducted in natural surroundings. Accordingly, I and the Child understand that I and the Child must exercise caution and common sense at all times and anticipate the unexpected.

Knowing of the possible **RISKS**, **DANGERS** and **RIGORS** required, that are **NOT LIMITED** to those listed above, by my signature below, I **EXPRESSLY ACCEPT THESE RISKS**, **DANGERS** and **INHERENT RISKS** for myself and for any Child for whom I am signing. I **ASSUME FULL RESPONSIBILITY FOR PERSONAL INJURY**, INCLUDING **DEATH**, to myself and/or the Child and for loss or damage to personal property as a result of participating in SOLC activities or because of the inherent risks and dangers of nature or animal activities. I understand that the SOLC property is in a "natural" state and **NOT CONTINUOUSLY MAINTAINED OR PATROLLED** and that it is my responsibility to deal with any accident or emergency situation. I **UNDERSTAND AND ACCEPT** that response time to any accident could be lengthy.

For myself and any Child for whom I am signing, the undersigned agrees and understands that SOLC activities may be **HAZARDOUS ACTIVITIES** which may result in **INJURY** or **DEATH** to me or any Child during my/his/her participation. I also understand that the best efforts of the SOLC **CANNOT PREVENT** injury. Natural and manmade risks exist, and accidents do occur. **PARTICIPATION** in SOLC **ACTIVITIES DOES NOT IN ANY WAY ELIMINATE THE INHERENT RISKS** IN **OUTDOOR, CHALLENGE, AND NATURE RELATED ACTIVITIES.**

Therefore, in consideration of SOLC making the facilities and activities available I **HEREBY FULLY RELEASE** on behalf of myself and/or my Child and **PROMISE NOT TO SUE** and **AGREE TO INDEMNIFY** and **HOLD HARMLESS** SOLC, its agents, employees and all related entities from **ANY AND ALL LIABILITY FOR INJURIES, DEATH OR DAMAGE** while on SOLC premises, including but not limited to, any and all **RESULTING FROM NEGLIGENCE**. In addition, I personally and on behalf of my Child **RELEASE** the SOLC, its agents, employees, and all related entities for any consequential damages, even if **CAUSED BY NEGLIGENCE**, which may arise from injury to persons or property.

In addition, any undersigned parent/guardian signing below represents to SOLC that they have the **AUTHORITY** to enter into this contract on behalf of said **CHILD** and on behalf of **ANY OTHER PARENT OR GUARDIAN** of said Child and **AGREES TO DEFEND** and **INDEMNIFY** SOLC from any and all claims brought on behalf of the undersigned or said Child or any other parent/guardian thereof, even after the Child has attained maturity, or for any third parties injured by the Child, and **HOLD** SOLC, its representatives, agents, affiliates, officers, directors, servants, and employees **HARMLESS** from any claim, legal action, harm, injury, damages, or loss to person and/or property

I **ALSO AGREE** that neither I nor the Child will be under the influence of liquor or narcotics or any prescription or other drugs that affect our physical or mental abilities to participate, and to abide by all rules, regulations and warnings and to only conduct myself and/or ourselves in a careful and prudent manner.

The undersigned, if signing for a Child, further **AUTHORIZES** anyone working at the SOLC to call for medical care for the Child or to transport the Child to the appropriate hospital or clinic, if, in the opinion of anyone working at the SOLC, medical attention is needed for the Child. The undersigned agrees that upon turning the Child over to the undersigned or their

# Irma Lewis Seguin Outdoor Learning Center



designees or to any ambulance or other medical transport, medical facility, clinic or hospital, that the responsibility of the SOLC shall be totally fulfilled and the SOLC shall not have any further responsibility for the Child. The undersigned AGREES TO INDEMNIFY and hold the SOLC, its representatives, agents, affiliates, directors, servants and employees harmless from any costs incurred therein, or any claims arising there from.

In exchange for, and in consideration of, the SOLC's provision of its facilities and staff, I CONTRACTUALLY AGREE that any and all disputes between myself and/or the Child and the SOLC arising from my and/or the Child's participation in activities or presence at the SOLC, and including any claims for personal injury and/or death, will be GOVERNED BY THE LAWS OF THE STATE OF TEXAS and the EXCLUSIVE JURISDICTION thereof will be in the state courts of the STATE OF TEXAS FOR GUADALUPE COUNTY.

I have carefully read the foregoing FULL AND COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT and understand its contents, including the jurisdictional agreement. I ACKNOWLEDGE AND UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, that is includes any and all claims by any CHILD, ME, or anyone else on my Child's behalf for any reason, INCLUDING NEGLIGENCE, and that I am CONTRACTUALLY AGREEING TO THESE TERMS FREELY, FULLY AND WITHOUT RESERVATION in exchange for the right to have myself and/or Child participate in SOLC activities.

If any part of this agreement is deemed unenforceable, the remainder shall be an enforceable contract between the parties. I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS OF MYSELF AND ANY MINOR BY SIGNING IT.

\_\_\_\_\_  
(Print) Name of participant (Print) Name of Parent/Guardian if participant is a minor

\_\_\_\_\_  
Signature of participant OR parent/guardian if participant is a minor Date

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

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The SOLC uses photos of SOLC activities and participants for marketing materials and press releases.

DO YOU GIVE PERMISSION for SOLC personnel to take photos of you OR the minor for whom you are signing this Agreement, for press and SOLC marketing purposes? YES NO

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# Irma Lewis Seguin Outdoor Learning Center



## Agreement of Enrollment

My child/children will abide by the rules and regulations set forth by the Irma Lewis Seguin Outdoor Learning Center, hereafter referred to as ILSOLC, for the health, safety, and welfare of the campers and staff. ILSOLC reserves the right to dismiss a camper whose conduct or influence is unsatisfactory or not in the best interest of the camp in the opinion of ILSOLC. In such event, there will be no refund of any part of the camp fee. ILSOLC reserves the right to refuse acceptance. Any damages to ILSOLC property, staff property, or other camper's property, as a result of my child's/children's actions, is my financial responsibility. If my child breaks or damages something beyond normal wear and tear, I will pay for it.

It is understood that the parents/guardians of campers enrolling in ILSOLC are obligated to inform the camp at the time of this application of any physical, psychological, emotional, or behavioral problems, difficulties or challenges the child has whether requiring professional treatment or not which could potentially have a negative effect on other campers' camp experience.

A child's place is not guaranteed until the registration form, medical form, liability release, and enrollment agreement forms are complete and returned with full payment or a \$50.00 non-refundable deposit, due upon registration. Full payment is due on or prior to the first day of camp attended.

In the event of an emergency, I give permission for ILSOLC to treat/hospitalize my child as necessary. I understand that all expenses not covered by my health insurance are my sole responsibility.

Any pictures, recordings, video footage or other images and/or writings will belong to ILSOLC and may be used for advertising promotion.

I have read and agree with the terms of the Agreement of Enrollment

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**Parent/Guardian Name (printed)**

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**Parent/Guardian Signature and Date**

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**Child's Name (printed)**



# Irma Lewis Seguin Outdoor Learning Center

