



## Camp River Falls Health Form

Child's Name(s) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parents Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

Home Address \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

\_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?

\_\_\_\_\_

Person responsible for picking child(ren) up each day? \_\_\_\_\_

If we cannot reach a parent, whom shall we contact?

#1 \_\_\_\_\_ Phone \_\_\_\_\_

#2 \_\_\_\_\_ Phone \_\_\_\_\_

(Flip Over)

For campers who reside **within** the United States, a United States territory, or the District of Colombia:

1. State/territory in which child resides: \_\_\_\_\_
2. Is this child exempt from any immunizations?  
 NO  
 YES, List them: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Colombia:

1. Country in which child resides: \_\_\_\_\_
2. Attach Department form DHMH-896 (record of vaccination or immunity)

Waiver

I hereby grant permission for my child to participate in Camp River Falls LLC, - including fitness activities, games, arts and crafts, swimming, and any events scheduled by the Program. I understand that I am responsible for my child's insurance in case of injury. Furthermore, I understand that although the Program will observe safety precautions, the coaches will not be responsible for any personal loss by my child or for any injury sustained in the Program, including death, and do not assume any liability for injury or damages arising from participation in the Program. I assume all liability for injury or damages during my child's participation in the Program. \*

I, the undersigned, grant permission for Camp River Falls to use my child's photo or video in any promotional materials, including but not limited to the camp promotional video, Camp River Falls website, Facebook, and Instagram.

Child's Name (Print) \_\_\_\_\_

Parent's Name (Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

