

Camp Pinnacle 2010 Medical Release Form cont'd

General Questions Please check Yes or No in regard whether the camper has ever experienced any of the following:

	Yes	No		Yes	No
1.Recent injury, illness, infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	17.Problems with joints such as knees and ankles?.....	<input type="checkbox"/>	<input type="checkbox"/>
2.Chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	18.Skin problems such as itching or a rash?.....	<input type="checkbox"/>	<input type="checkbox"/>
3.Been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>	19.Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
4.Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	20.Asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
5.Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	21.Problems with diarrhea or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
6.Head injury	<input type="checkbox"/>	<input type="checkbox"/>	22.Problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
7.Knocked unconscious	<input type="checkbox"/>	<input type="checkbox"/>	23.Had mononucleosis in the past 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
8.Wear glasses, contacts or protective eyewear?.....	<input type="checkbox"/>	<input type="checkbox"/>	24.Bed wetting?.....	<input type="checkbox"/>	<input type="checkbox"/>
9.Frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	25.Eating disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
10.Passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26.Emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
11.Been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27.Needs to bring an orthodontic device (retainer) to Camp?	<input type="checkbox"/>	<input type="checkbox"/>
12.Had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>	28.(Girls) Abnormal menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
13.Chest pains during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	29.(Girls) Severe cramps or PMS symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
14.High blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>			
15.Been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			
16.Back problems	<input type="checkbox"/>	<input type="checkbox"/>			

(Please explain any yes answers on the lines below.)

Immunizations: Please provide an up-to-date copy of your immunizations, OR fill out the following with the most recent dates.

Vaccine:	Date	Month	Year			
Tetanus / Diphtheria	___/___	___/___	___/___	MMR	___/___	___/___
Polio	___/___	___/___	___/___	DTP	___/___	___/___
Hepatitis B	___/___	___/___	___/___	Influenza	___/___	___/___
Haemophilus influenza b (Hib)	___/___	___/___	___/___	Meningococcal	___/___	
Varicella (chicken pox)	___/___	___/___	___/___	TB Mantoux Test Date:	_____	Result: Pos. Neg.

Name and Phone number of doctor's office for verification: _____

Parent/Guardian Agreement (for staff and campers under 18)

I understand that my child will be expected to participate in planned camp activities. I further grant permission for my child to participate in activities considered by some to be "higher risk", including overnight hikes, crossing bodies of water (including stream and marshes), paintball, high ropes (12 and up), horseback riding (10 and up), and marksmanship. I understand that competent, trained supervision by camp staff will be provided for all camp activities.

Parent's Signature: _____

Authorization for treatment (for staff and campers under 18)

I understand that every attempt will be made to contact me in the event of an emergency involving my child. I grant permission for Camp Pinnacle's medical personnel to secure emergency treatment and provide transportation for my child. Further, I hereby grant my permission for a physician selected by the Camp Director and/or Camp medical personnel, to examine, order necessary tests, and/or x-rays, treat and if necessary, hospitalize the person named above.

Parents Signature: _____