

Camper Name (Last, First)

Does the camper have any dietary restrictions (vegan, vegetarian, gluten-free, no dairy, other)?  
Please explain.

### Medications and Treatments

Will the camper require any treatments or be taking any medications, prescription or over the counter, while at camp? Medicine must be brought to camp in its original packaging. Prescriptions must have the physicians order on the bottle in the camper's name and be current and not expired. Parents' directions must match the label. Please attach an additional sheet if needed.

Medication/Treatment Name	Dose	Schedule Times taken each day (circle below)	Details: Please explain the reason for the medication and any notes on giving this medication to the camper.
		Breakfast Lunch Snack Dinner Before Bed As Needed	
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		Breakfast Lunch Snack Dinner Before Bed As Needed	

**If your child has Asthma, please complete the separate "Request for additional information about your child's Asthma" and return with this form at least 3 weeks prior to your camp session so that we can prepare for their arrival.**

### Over the Counter Medication

The following non-prescription medications are stocked in Junior and Adult forms by the camp and are used on an as-needed basis to manage illness and injury. May the following medications be given to the camper while at camp?

Medication Name	Allowed?	Medication Name	Allowed?
Acetaminophen (Tylenol)	Yes No	Generic cough drops	Yes No
Antihistamines/allergy medicine	Yes No	Hydrocortisone cream	Yes No
Calamine Lotion	Yes No	Ibuprofen (Advil)	Yes No
Calcium carbonate (Tums)	Yes No	Triple Antibiotic Ointment	Yes No

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to the camper

Does the camper regularly take any medications that will not be taken at camp? If so, please explain what medications are taken and why.

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## Immunizations

☐ I attest that all immunizations required for school are up to date.

If the camper has not been fully immunized as required by school, please contact the Heartland Conference UCC office for an immunization exemption form.

When was the month and year of your camper's tetanus shot or booster (dT or Tdap)? (MM/DD/YYYY) \_\_\_\_\_

Has the camper received a vaccine for Covid-19? \_\_\_\_\_ (if yes, please bring card)

If yes, please list brand and date(s) \_\_\_\_\_

## Health History

Has the camper experienced, or is currently experiencing, any of the following conditions? Be sure to fully explain any conditions marked yes, using a separate sheet.

Condition:		Condition:	
ADD/ADHD/Behavioral Issues	Yes No	Eating Disorder	Yes No
AIDS/ARC	Yes No	Epilepsy/Convulsions	Yes No
Asthma/Inhaler If yes, please fill out form "Request for additional information about your child's Asthma"	Yes No	Excessive weight gain/loss	Yes No
Back/Neck Pain or Injury	Yes No	Hay Fever	Yes No
Bedwetting/Nightmares/Terrors	Yes No	Headaches (frequent)	Yes No
Blackouts/Fainting/Dizzy	Yes No	Hearing problems	Yes No
Bleeding Disorder	Yes No	High/Low Blood Pressure	Yes No
Cancer	Yes No	Kidney Disease	Yes No
Chest pain/Heart disease	Yes No	Lice	Yes No
Concussion	Yes No	Menstrual Difficulties	Yes No
Constipation/Diarrhea/Crohn's/Colitis/IBS/other Gastrointestinal	Yes No	Mental Health Issues	Yes No
Dental Braces, Caps or Bridges	Yes No	Respiratory Ailments/Problems Breathing or Coughing/ Pneumonia	Yes No
Depression	Yes No	Seizures	Yes No
Developmental Delays/Downs Syndrome or other	Yes No	Skin Problems	Yes No
Diabetes (please attach sheet with date of diagnosis and required care)	Yes No	Sleepwalking	Yes No
Speech Problems	Yes No	Urinary Tract Infection	Yes No
Ulcer	Yes No	Uses eyeglasses/contacts/other visual problems	Yes No

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## Disease History

Has the camper had or currently has any of the following diseases?

### Disease

Chicken Pox (Varicella)	Yes No	Mumps	Yes No	Covid-19	Yes No
Hepatitis A/B/C	Yes No	Rheumatic Fever	Yes No		
Measles (German or Red)	Yes No	Scarlet Fever	Yes No		
Mono (past 1 year)	Yes No	Whooping Cough	Yes No		

Please fully explain any disease(s) marked yes above.

Has the camper had any operations? If so, please explain, including dates. It is important to note if prior operation(s) will affect the camper's health while at camp.

Has the camper ever been hospitalized or had a serious injury? If so, please explain the reason(s) for the hospitalization(s) or the serious injury(ies) and the dates they occurred. It is important to mention any signs of illness that camp staff should look out for.

Has the camper been exposed to any infections or communicable diseases within the last 3 months? If so, explain the diseases and when the exposure occurred.

Does the camper have any restrictions on activity? If so, please explain what activities must be restricted, and list any special accommodations that should be made.

Will the camper require any special assistance while at camp? If so, please explain what assistance will be required.

Is there anything you would like to discuss with the camp medical staff? If so, please explain.

Please describe any other physical, mental, emotional, social, health, developmental, or psychological conditions requiring consideration and attach on separate sheet as needed.

## Doctor Information

Camper's Primary Care Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Camper's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Camper Name (Last, First)

## Health Insurance

**A COPY OF THE FRONT AND BACK SIDE OF YOUR INSURANCE CARD(S) MUST BE ATTACHED TO THIS FORM.**

Does the camper have medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Full Name of Policy Holder \_\_\_\_\_ Phone \_\_\_\_\_

Employer Name (if insured through company) \_\_\_\_\_

Insurance Company / Plan Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_ Insurance Group Name or Number \_\_\_\_\_

## Permissions and Authorization for Treatment

By registering for Heartland Conference Camp to be held at Temples Hills Camp, the undersigned "I" (whether one or more) jointly and severally state and **agree as follows:**

**Consent for Minors.** I am the legal custodial parent or legal guardian of the above-named minor, and I hereby authorize and permit said minor to participate in the Heartland Conference Camp at Temples Hills Camp and in all activities, events, and programs that are part of or are associated with the camp (collectively "Camp"), except those noted in this document. I have read material on the website about this program.

If my child is attending **"Grands and Family Camp" without me**, I give permission for my child to be supervised by, participate with, including sleep in the same room, and leave camp on the last day with **the adult(s) accompanying them during this time**. I understand there will be times where no other adults are present and approve of this arrangement.

**Adults supervising and accompanying by child:** \_\_\_\_\_

**The information on this form is correct and complete so far as I know.** Without in any way limiting the extent or scope of the following, I agree to promptly notify the Conference of any new needs, conditions, restrictions, or other information of or affecting any of the above-named participants' involvement in the Camp or any of its activities, events, leadership, programs, staffing, and supervision and to withdraw participant from any of the same that participant is or should be restricted or prohibited from engaging in. Such needs, conditions, and restrictions include, without limitation, any food, chemical, and/or other allergies or susceptibilities and any other kinds of health conditions, limitations, or needs (such as, without limitation, any physical, emotional, or mental conditions or illnesses). **I also agree to notify Conference promptly upon any change** to any of the same or any of the above contact information.

I hereby give permission for the Heartland Conference UCC Outdoor Ministries program staff, including volunteers, to **administer routine health care and administer medications** mentioned in this document, as the camp health professional deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

I hereby give permission to Heartland Conference UCC staff and designees to transport the participant named on this form to an Emergency Room, and in the same event I also give permission to the physician selected or assigned to order X-rays, routine tests, treatment related to the health of the participant for both routine health care and in emergency situations. If I cannot be reached in an emergency, or if my emergency contact cannot be reached, I give my permission to the physician for any of the following actions as it pertains to the participant named above: hospitalization, securing proper treatment, or ordering injection, anesthesia or surgery. (Note: If the participant is not of the age of majority, parents will be attempted to be contacted if the camper has an illness or accident that is of concern to the Health Caregiver and Executive Director of Outdoor Ministries.) I understand the information on this form will be shared on a "need to know" basis with camp staff. The camp has permission to obtain a copy of the camper's health record from providers who treat the camper, and these providers may talk with the program's staff about the camper's health status.

I agree I am responsible for any and all costs of and expenses associated with any of the same, and I hereby indemnify, hold harmless, and defend the Conference from and against any claims for the same. I hereby authorize the Conference to release any information submitted in this form or otherwise in their possession to any emergency or other medical providers and to staff associated with the Church, the Camp, or the Conference.

**Photo/Audio/Video release:** I grant the Heartland Conference UCC the right and a license to reproduce and publish for worldwide electronic and print distribution the identity and/or image of me or my child and, at its sole discretion, to share these names and images with others included, but not limited to, for use in Heartland Conference UCC's publications and displays, the online news magazine of the Heartland Conference UCC, the email newsletter of the Heartland Conference UCC, print newsletters and other publications, the Heartland Conference UCC's website and/or other electronic and print forms of media. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any privacy and publicity interests which me or my child may have in our identities or such images.

\_\_\_\_\_  
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**Acknowledgement and Waiver.** I realize that participation in the camp entails certain risks of personal injury and property damage, which risks include, but are not limited to, slips, trips and falls, athletic injuries, illness, including exposure to and infection with viruses or bacteria and the possibility of injury or death related to swimming and boating, physical activity, use of camp equipment and facilities, and the like. I also understand and agree that I am solely responsible for the above-named Camp Participant's transportation to and from the Camp, and I affirm and agree that I and any above-named minor(s) are participating in the Camp voluntarily and knowingly assume all such risks. In consideration of me and/or any above-named minor(s) being allowed to participate in the Camp, I hereby, on behalf of myself, any above-named minor(s), and our respective assigns, beneficiaries, heirs, personal representatives, trustees, and other successors or representatives, voluntarily and forever release, waive, and discharge the Conference, and their respective employees, volunteers and representatives, from and against, and hereby covenant not to sue any of them regarding, any and all causes of action, claims, damages, injuries, liabilities, or losses (including, without limitation, such that may in any way arise from, be connected with, or relate in any way to the Camp or the negligence of the Conference, the Church, or any of their respective employees or representatives) arising out of or in any way resulting from the Camp or our participation in or involvement with the Camp or any related activities or programs. In return for sufficient good and valuable consideration, I hereby indemnify, hold harmless, and defend the Church and the Conference from and against any and all causes of action, claims, damages, injuries, liabilities, or losses that in any way arise out of, are connected with, or result from my or any above-named minor(s) participation in or involvement with the Camp or any related activities or programs. Such indemnification and hold harmless terms shall apply and be fully enforceable even if such injury or damage arises out of the negligence of the Conference, the Church, or any of their respective directors, employees, officers, agents, or representatives and shall include, without limitation, the Church's and the Conference's reasonable attorney's fees associated therewith.

**Coronavirus, COVID-19** is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. I agree to follow all guidelines and procedures, such as maintaining proper distancing, wearing a mask, using proper hygiene, informing a staff member when sick, and more, as communicated by site signage and by other communication and will to encourage my child to do the same. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Heartland Conference UCC programs or accessing Templed Hills Camp and Conference Center facilities could increase the risk of contracting COVID-19. Heartland Conference UCC, does not warrant that COVID-19 infection will not occur through participation in Heartland Conference UCC programs of accessing Templed Hills Camp and conference facilities.

I, on behalf of myself and any above-named minor(s) and our respective assigns, beneficiaries, heirs, successors, and other representatives, agree that the waiver and release, assumption of risk, and indemnification, hold harmless, and defense provisions stated herein are intended to be as broad and inclusive as is permitted by the laws of the State of [state] and that if any portion thereof is held invalid, the balance shall, notwithstanding such invalidity of any portion, continue in full force and effect.

I have read this document, fully understand its terms, and understand that I, on behalf of myself and any above named minor(s), am through this document giving up substantial rights, including, among others, the right to sue and undertaking substantial obligations, including, among others, indemnification. I acknowledge that I am agreeing hereto freely and voluntarily and intend this acknowledgement (whether hard copy or electronically transmitted) to be a complete and unconditional release of liability.

**Additional Responsibilities.** Without in any way limiting the extent or scope of the foregoing, I have above notified the Conference of any and all restrictions on Participant's participation in camp activities. Said restrictions include, without limitation, any food, chemical, and/or other allergies or susceptibilities and any other kinds of health conditions, considerations, or needs (such as, without limitation, any physical, emotional, or mental conditions or illnesses). I also agree to notify Conference promptly upon any change to any of the same or any of the above-stated contact information and to withdraw Participant from any camp activities in which participant is or should be restricted or prohibited from engaging.

☐ Checking this box confirms that you have read the camp information on the website, above permission statements, and authorization for treatment, that you understand it, and that you agree to be bound by it.

**Printed** name of Custodial parent/guardian or adult camper \_\_\_\_\_

Custodial parent/guardian or adult camper **signature** \_\_\_\_\_ Date signed \_\_\_\_\_

**Printed** name of 2<sup>nd</sup> Custodial parent/guardian or adult camper \_\_\_\_\_

Custodial parent/guardian or adult camper **signature** \_\_\_\_\_ Date signed \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM WITH YOUR REGISTRATION FORM TO THE CONFERENCE OFFICE, PO Box 1230, Worthington, OH 43085 BEFORE MAY 15th** so that we may adequately prepare for your camper. You may also scan and email to [summer.camp@heartlanducc.org](mailto:summer.camp@heartlanducc.org) or fax to 740-901-0734. If you email or fax, please also bring the original copy to camp with you.

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