



HEALTH STATEMENT FORM

INSTRUCTIONS: Complete both pages of this form (*Health Statement & Release of Liability*) and submit at registration. If bringing any medications (*prescription or not*) to a 3 night (*or longer*) stay, make an extra copy of the completed 'Health Statement Form' to place in a large zip-lock along with all medications to turn in at registration. Print legibly in dark ink. These forms are mandatory for attendance/participation.

LEGAL NOTICE: All adults (*18 and older*) attending a youth or children's camp (*duration of 3 or more nights*) must have a **Criminal Background Check** and **Sex Offender Background Check** performed prior to arrival on camp. Results must be presented on arrival. In addition, all adults having any contact with minors at camp must pass an approved **Child Protection Training** program and exam on recognizing and preventing child abuse. Results of this training/testing must be presented upon arrival.

PARTICIPANT GENERAL HEALTH INFORMATION

Participant Name: _____ Birthdate: ___/___/___ Gender: _____

Church/Group Attending with: _____ Date of Attendance: ___/___/___ to ___/___/___

Emergency Contact: _____ Relation to Participant: _____

Emergency Contact Home Phone: _____ Cell Phone: _____ Work Phone: _____

List any health concern/issue that would be relevant to an attending physician in the case of an emergency: _____

List any chronic or reoccurring illnesses or diseases: _____

List any food, medicine, insect, plant or any other significant allergies: _____

List any pre-existing injuries which occurred BEFORE attending camp: _____

Write a general assessment of the participants health: _____

Please check all current immunizations for the participant. *It is requested that you attach a current shot record.*

Diphtheria/Tetanus/Pertussis Date of last tetanus shot: ___/___/___ Polio Measles/Mumps/Rubella Tuberculosis Other: _____

I have chosen to not have my child immunized: (*Parent/Guardian Signature*) _____

PARTICIPANT INSURANCE INFORMATION

Insured Member's Name: _____ Member ID: _____

Health Insurance Provider: _____ Group ID: _____

Health Insurance Provider Phone Number(s): _____

Primary Care Physician: _____ Phone: _____

It is requested that you attach a photocopy of your current Health/Accident Insurance Card.

MEDICAL POLICY AND INSTRUCTIONS FOR CAMP ATTENDANCE

- All medications (Rx or over-the-counter) must be labeled with patients name and in original container. Check expiration dates. No expired medications will be given.
- All prescription and non-prescription medications must be presented to the camp health personnel upon arrival to camp.
- All medications must be stored and dispensed from the camp health station (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
- Diabetics must bring a copy of their Diabetes Management Plan.
- Non-prescription medications, such as vitamin supplements or pain relievers, will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
- EpiPens or emergency inhalers may be kept with the camper (please send an extra one to be kept in the health station). Camp health personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not completely relieved the camper must be brought to the health center for evaluation.
- List any medical problem, medical alert, allergy, or other relevant health concern/issue under 'Participant General Health Information.'

MEDICATION DOSAGE AND FREQUENCY CHART

INSTRUCTIONS: List all medications, dosage and frequency on the chart below. Print an extra copy of this chart to add additional medications. Place all medications **and an extra copy of this page** in a large zip-lock with the participants name and church/group written in permanent marker on the outside of the bag.

Name of Medication	Dosage	Frequency / Time(s)	Comments
1)			
2)			
3)			
4)			

By signing below, I acknowledge that the information listed on this form is correct and current and that the above named participant is physically capable to be present on camp and participate in any and all camp activities.

Participant Signature _____

Parent/Legal Guardian Signature (*if participant is under 18*) _____

Date: ___/___/___



RELEASE OF LIABILITY FORM

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PARTICIPANT INFORMATION

Participant Name: _____ Birthdate: ____/____/____ Gender: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Grade Completed: _____ T-Shirt Size: _____
 E-mail: _____ Check if you do NOT want to receive camp e-mails
 Church/Group Attending with: _____ Date of Attendance: ____/____/____ to ____/____/____
 Emergency Contact: _____ Phone: _____ Relation to Participant: _____

PARENT/LEGAL GUARDIAN INFORMATION

Complete only if participant is under 18 years of age

Parent/Legal Guardian Name: _____ Relation to Participant: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 E-mail: _____ Check if you do NOT want to receive camp e-mails

STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGMENT OF INHERENT RISKS: I certify that I am aware of the inherent risks associated with the various indoor and outdoor camp activities, as well as the inherent risks of being on camp property. Heart of Texas Baptist Camp takes all reasonable precautions to ensure a safe and enjoyable experience. However, parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. I acknowledge the decision to participate in any camp activity at any level is at all times completely up to the individuals choice. As the parent/legal guardian, I give the participant named above permission to participate in any and all camp activities. Further, in consideration for Heart of Texas Baptist Camp agreeing to accept the person named above as a participant in camp activities, I hereby personally assume all the risks in connection with my, or my child's, participation in any and all events at Heart of Texas Baptist Camp.

2. ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY & LIMITATIONS OF INSURANCE COVERAGE: In the event that the participant named above is injured during camp activities or treated for illness contracted on camp property, I acknowledge that the participants family/personal health and accident insurance will act as primary provider. The camps medical insurance policy will only act as a secondary provider for injuries or illnesses that occur on camp premises. I understand that, beyond these limitations, the costs and associated expenses incurred in connection with medical services rendered in response to said injury or illness are my responsibility to cover.

3. RELEASE AND HOLD HARMLESS AGREEMENT: I agree to release and hold harmless the Heart of Texas Baptist Camp, it's trustees, employees, agents and representatives for any injury, harm, or other damage by any occurrence in connection with participation in camp activities in any form or fashion. I further agree to release and hold harmless the Heart of Texas Baptist Camp, it's trustees, employees, agents and representatives from any claim by me, my family, estate, heirs or assigns out of my, or my child's, participation in activities at Heart of Texas Baptist Camp.

4. PRE-AUTHORIZATION FOR MEDICAL TREATMENT: I hereby authorize any medical and/or surgical treatment (including but not limited to hospital care)

to be rendered to the participant named above, as needed in the judgement of the treating physician (who is chosen by the Heart of Texas Baptist Camp Director) or any employee working under him/her, as circumstances require. I further authorize the Heart of Texas Baptist Camp nurse, health staff, camp management, camp staff, activity facilitators, volunteers and/or event leaders to render emergency rescues, CPR, and/or first aid emergency care as deemed necessary within the scope of their training. I further authorize the designated camp nurse, or qualified health supervisor, to administer medications as prescribed and programmed on the '*Medication Dosage & Frequency Chart*,' completed by the parent or guardian on the '*Health Statement Form*.'

5. NON-PRESCRIPTION MEDICATIONS: I give permission to the camp nurse, health supervisor, and/or health center staff to administer non-prescription, over-the-counter medications to the participant named above based on symptoms (not a diagnosis). For example (but not limited to); Tylenol or ibuprofen for mild fever or pain; Benadryl or Claritin for allergy symptoms; Pepto-Bismol for diarrhea; cortisone cream for bug bites; calamine for poison ivy; and so on

6. ACKNOWLEDGEMENT OF RESPONSIBILITY FOR DAMAGES: I agree that I am financially responsible for any damage to camp property caused by the participant named above; including any acts of graffiti, vandalism or destruction of property.

7. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS: The above named participant agrees to obey and observe all camp rules, dress codes, procedures, schedules, and curfews. As well as fully cooperate with adult leadership, camp staff, camp facilitators and other campers. I agree that, if in the judgement of the adult leadership and/or camp staff, the above named participant becomes a discipline problem, that participant may be sent home at my expense and that I will forfeit all camp fees paid.

8. USE OF PARTICIPANT PHOTOGRAPH/VIDEO FOR PROMOTIONAL PURPOSES: I agree and consent that the above named participant photographs, and/or videos, may be used for promotional purposes for publicity material by Heart of Texas Baptist Camp and/or program leadership.

By signing below, I acknowledge that I have read, understand and will adhere to the information set forth above, including the Release and Hold Harmless Agreement.

Participant Signature _____

Parent/Legal Guardian Signature (*if participant is under 18*) _____

Date: ____/____/____

Youth Medical/Media Release Form

Event: Youth Revival Camp 8/3-8/7 2024

Student Last Name	First Name	MI	Date of Birth
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Student Address/City/State/Zip	Student Cell #
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School	Grade	Student Email Address
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Please check all that apply:

- I, the undersigned, hereby give permission for my/our child, _____, to attend and participate in all activities sponsored by True Life Church, Round Rock. In the event of an emergency, I/We authorize Pastoral staff or a designated adult youth leader to consent to any medical care or treatment to be rendered to the minor under the direction of a licensed physician or dentist at a clinic/hospital. I/We agree to be responsible for all cost and expenses incurred in connection with medical or dental services rendered to the minor. An attempt will be made to contact the parent in the event of an emergency.
- I/We give permission for my/our minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted for the activity sponsored by True Life Church, Round Rock. The driver must be over the age of 21 years old. There must be only one person, per seatbelt. Each vehicle will have minimum insurance coverage required by Texas law.
- I/We authorize True Life Church, Round Rock to publish the photographs and videos taken of the above mentioned minor for use in True Life Church, Round Rock's printed publications, website, social media and for training purposes. I/We release True Life Church, Round Rock from any expectation of confidentiality for the above mentioned minor and attest that I/we are the parent(s) or legal guardian of the minor listed above and that I/We have the authority to authorize True Life Church, Round Rock to use their photographs, videos and names. I/We acknowledge that since participation in publications and websites produced by True Life Church, Round Rock is voluntary, neither the minor nor I/we will receive financial compensation. I/We further agree that participation in any publication and website produced by True Life Church, Round Rock confers no rights of ownership whatsoever. I/We release True Life Church, Round Rock, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the above mentioned minor.

Parent Name	Home #	Cell #	E-Mail
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Parent Name	Home #	Cell #	E-Mail
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Insurance Company	Policy #	Physician's Name	Physician's phone #
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In Case of Emergency, please contact:

Name

Relationship

Phone #

Please list any allergies, special medical/physical needs, or medication your child might have:

Parent/Guardian Signature

Date

FOOD, ALLERGY, & SPECIAL DIETARY NEEDS

With hundreds of campers each week, we make the menu to please the majority of the campers and cannot be responsible for certifying allergy free foods. However, HOTBC understands about cross contamination and will make every effort to prevent any problems. We will strive to work with child and parents to make their week a great dining experience. Advance notice is requested to enable HOTBC to provide alternative options. The camper will need to be aware of their own food restrictions and share in the responsibility of eating correctly. Here is what we can do for you:

1. We can provide the menu in advance for anyone who has concerns.
2. We can substitute within reason for main entrees for things such as gluten. For example, we can serve grilled chicken instead of chicken strips to those who have gluten restrictions. Everything on the menu **will not** have a substitution. (They will need to know to skip the roll and gravy.) The substitution will not always be the same thing as the rest of the campers are having, but we can always substitute an entrée for either grilled chicken or a hamburger patty. We have some gluten free dessert options that can also be substituted.
3. Our Food Service Director can go over the menu with the camper at the beginning of the week and make notes on what kind of substitutions they will need and when. (Our Food Service Director will try his best, but he **is not** a dietician, so the camper will need to be knowledgeable of their own food restrictions.) If the parent wants to print off the menu and make notes that will be acceptable. The camper's counselor may want to be involved as well if the camper is not sure or not responsible enough to maintain their specific diet needs.
4. Campers and counselors are welcome to read labels of what we serve. We attempt to print sheets with allergy information on most everything and we keep a notebook in the kitchen.
5. We **do not** cook in peanut oil and **do not** add nuts to our food; however, we cannot guarantee that everything is nut free. We have peanut butter in our kitchen that our staff can eat, but we put it up when the campers come in the Dining Hall because of allergies. Be aware that our concession stand **does** sell items with peanuts.
6. If anybody is highly allergic and wants to bring their own food for the week, that is allowed. There are 2 options for doing this: **#1** the camper (with the food allergies) with a parent and/or an adult sponsor will be allowed to use **one** of our dorm kitchens (as designated by the Heart of Texas Director or Assistant Director) on our campus to store and prepare the special food. **#2** the camper can store the food in our Dining Hall kitchen as long as it is clearly labeled with the camper's name. The camper can make arrangements with our Food Service Director to heat their food during the meal time.

FOOD, ALLERGY, & SPECIAL DIETARY NEED
Please use a separate page for each person.

Name of your Week of Camp: _____

Date: _____

Name of Camper: _____ Age: _____

Church group attending with: _____

Parents' name: _____

Parents phone # _____

Is parent attending with child? _____

If not, list name of adult sponsor: _____

Check or list allergies or special dietary needs:

- Gluten** **Nuts** **Dairy** **Eggs**

Other: _____

How severe is the allergic reaction to these foods? On a scale of 1-5, circle

1	2	3	4	5
Uncomfortable				life threatening

Does the camper carry an epi-pen?

Is the camper aware of his/her allergies?

Is the camper able to monitor his/her own food requirements?

If not, list the adult sponsor who will be responsible for this:

Is the camper bringing some of their own food? If so, please list below:

If you would like, you may submit a photo of your child so that we can recognize them in the line of campers.