

# Butman Methodist Camp & Retreat Center

## Camper Release Form

*Please print legibly and fill out form completely. In an emergency we must be able to read this information.*

Camp Attending:	Organization:
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<i>Camper's Name: First</i> _____ <i>Middle</i> _____ <i>Last</i> _____		
<i>Birth Date: (mm/dd/yy)</i> _____	<i>Gender: ___ Male ___ Female</i>	<i>Grade this Fall:</i> _____
<i>Home Address:</i> _____	<i>City/State/Zip:</i> _____	
<i>Primary Phone:</i> _____	<i>E-mail:</i> _____	

<i>Custodial Parent or Guardian Emergency Contact Information:</i>	<i>Additional Emergency Contact Information:</i>
<i>Name:</i> _____	<i>Name:</i> _____
<i>Address:</i> _____	<i>Address:</i> _____
<i>City/State/Zip:</i> _____	<i>City/State/Zip:</i> _____
<i>Primary Phone:</i> _____	<i>Primary Phone:</i> _____
<i>Alternate Phone:</i> _____	<i>Alternate Phone:</i> _____

<i>Family Physician Name:</i> _____	<i>Family Physician Phone:</i> _____
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<b>Health History: Check answers as appropriate for Camper.</b>		Yes	No	Remarks/Explanations/Dates
1	Has camper had or currently have heart problems? Please list dates			
2	Does camper routinely experience pains in their chest?			
3	Does camper often feel faint or have spells of severe dizziness?			
4	Has a doctor ever told camper they have high blood pressure?			
5	Does camper have arthritis, joint or back problems?			
6	Is camper bothered by exercise or experience pain from physical activities?			
7	Has camper had any operations or serious injuries? Please list dates			
8	Does camper have disabilities or chronic recurring illness? Please list			
9	Are there any activities camper's doctor has limited or discouraged ?			
10	Does camper have Epilepsy or seizures?			
11	Does camper have Diabetes?			
12	Does camper have a prescribed meal plan or dietary restrictions?			
13	Is camper currently sick or taking medication? Please list			
14	Is camper allergic to any medicines, insects or pollen? Please list			
15	Does camper have any type of health insurance or coverage?			

*Please see reverse side of this form.*

