

2026 GAAR MOUNTAIN RUNNING CAMP

HEALTH & EMERGENCY RELEASE FORM

This is a fillable PDF! Please complete, save, and email to denverdav@gmail.com to Denver Davis no later than July 17, 2025. Your camper will not be permitted at camp if this form is not completed and received.

All sections of this form must be completed by a parent or legal guardian.

CAMPER INFORMATION:

Camper's Full Legal Name: _____

Camper's Preferred Name: _____

Camper's Birth Date: _____ Sex: _____ Age: _____

Parent or Guardian Name: _____

Phones (Home): _____ (Cell): _____ (Work): _____

Home Address: _____

EMERGENCY CONTACT INFORMATION:

If the parent or legal guardian is not available in an emergency, please notify:

1. Name/Relationship/Phone Number:

2. Name/Relationship/Phone Number:

HEALTH HISTORY:

Doctor's Name: _____ Phone: _____

Allergies (please list all known - medications, bee stings, food, etc.):

Date of Last Tetanus Vaccine: _____

Conditions Requiring Immediate/Emergency Care: _____

Other Health Problems (Check All That Apply):

Diabetes Poison Ivy Allergy Seizures
 Hay Fever Asthma Ear Infections

Severe Allergic Reactions: (i.e. anaphylaxis, hives, etc.):

***Note: Gaar Mountain Running Camp and Camp Varsity are NOT nut free facilities**

Other Conditions: _____

Operations or Serious Injuries (Dates):

Chronic or Recurring Illness/Disease: _____

Behavioral Conditions: _____

Dietary Needs (remember special dietary needs should be discussed with the director and may or may not be able to be accommodated by the kitchen staff):

Medications (check one):

Camper does not take any medications

Camper takes the following medications on a regular basis:

Medication: _____ Dosage: _____ Time(s) Taken: _____

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Over the Counter Medications to be Given As Needed Only (Check if want camper to be given):

Tylenol/acetaminophen Advil/Ibuprofen Benadryl (for allergic reactions)
 Imodium (for diarrhea) Pepto Bismol (upset stomach) Sudafed (decongestant)

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp.

PARENT/LEGAL GUARDIAN AUTHORIZATION & HEALTH EMERGENCY RELEASE:

- * I give my consent and approval for my child's participation in the Gaar Mountain Running Camp Programs. I/we hereby release and hold harmless Gaar Mountain Running Camp (GCamp LLC), its agents and staff, from all claims, damages, or other liabilities for injuries to my child (camper) which are not the result of gross negligence by Gaar Mountain Running Camp (GCamp LLC), its agents or staff.
- * I give my permission for my son/daughter to be transported on the camp vans for training runs, or other camp related activities. I understand that supervision is provided by camp counselors for any such activity.
- * This health history is correct so far as I know, and the person herein described has the permission to engage in all prescribed camp activities, except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by Gaar Mountain Running Camp directors to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child as named above.

Signature (Parent/Guardian): _____ **Date:** _____

Signature (Camper, if 18 or older): _____ **Date:** _____

Family Insurance Company: _____

Insurance Group #: _____

Pharmacy Card #: _____

***All health forms and information will be kept confidential and will be appropriately destroyed at the conclusion of the camp**