

# **2024 GAAR MOUNTAIN RUNNING CAMP** **HEALTH & EMERGENCY RELEASE FORM**

Print form, complete, and either scan and email to [denverdav@gmail.com](mailto:denverdav@gmail.com) or mail to Denver Davis, 448 Chestnut Ave., Waynesboro, VA 22980 no later than July 14, 2024. 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:

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Other Health Problems (Check All That Apply):

- Diabetes             Ivy Poisoning             Seizures  
 Hay Fever             Asthma             Ear Infections

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

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

Other Conditions: \_\_\_\_\_

Operations or Serious Injuries (Dates):

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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):

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Medications (check one):

- Camper does not take any medications  
 Camper takes the following medications on a regular basis:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s) Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s) Taken: \_\_\_\_\_

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)

Other Medications: \_\_\_\_\_

**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 #:** \_\_\_\_\_

**Please include copies of your health insurance card and pharmacy card with this form**

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