

WHICH TRIP ARE YOU REGISTERED FOR?
THE CALIFORNIA ADVENTURE:
 July 22 to August 4
THE CALIFORNIA SIERRA ADVENTURE:
 July 7 to July 16 June 24 to July 3

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HEALTH FORM

THIS SIDE SHOULD BE COMPLETED BY THE CAMPER'S PARENTS/GUARDIANS

NAME: _____ DATE OF BIRTH: _____ AGE: _____ DATE _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

IN CASE OF EMERGENCY NOTIFY: _____ PHONE _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HEALTH & ACCIDENT INSURANCE: _____ POLICY NO: _____

PAST ILLNESSES: PLEASE GIVE APPROXIMATE AGE THE CAMPER HAS HAD ANY OF THE FOLLOWING:

___ CHICKEN POX ___ MEASLES(2WK) ___ RHEUMATIC FEVER ___ MEASLES(3DAY) ___ POLIO

___ PNEUMONIA ___ FREQUENT COLDS ANYTHING ELSE: _____

OPPEARIONS & TRAUMA: TYPES: _____ DATE: _____ TYPE: _____ DATE: _____

ANY LASTING EFFECTS OF THE ABOVE: _____

MEDICAL CONDITIONS: THAT WE SHOULD BE AWARE OF:

___ ALLERGIES: _____

___ CHRONIC COLDS ___ ATHLETES FOOT ___ EPILEPSY ___ DIABETES ___ HEADACHES ___ DRUG USE

EMOTIONAL CONDITIONS: HAS THE CAMPER EVER CONSULTED A PHYSICIAN, PSYCHIATRIST, OR PSYCHOLOGIST CONCERNING AN EMOTIONAL PROBLEM? OR IS THERE A PERSONAL TRAIT WE SHOULD BE AWARE OF?

YES ___ NO ___ IF YES PLEASE EXPLAIN: _____

___ HAS THE CAMPER BEEN RECENTLY EXPOSED TO AN INFECTIOUS DISEASE: ___ EXPLAIN: _____

IN SIGNING THIS FORM, PERMISSION IS HERBY GIVEN TO THE DIRECTORS OF CAMP HIGH PLACES TO HANDLE EMERGENCIES IN TERMS OF THEIR BEST JUDGMENT, AND AUTHORIZES HOSPITALIZATION AND MEDICAL CARE IF THEY ARE DEEMED NECESSARY. IT IS ALSO UNDERSTOOD THAT CAMP HIGH PLACES WILL UTILIZE CAMPER'S HEALTH INSURANCE, WERE APPLICABLE TO COVER ALL MEDICAL EXPENSES THAT OCCUR.

COMMENTS (PLEASE ATTACH ADDITIONAL PAPER IF REQUIRED): _____

SIGNATURE OF CAMPER _____ SIGNATURE OF PARENT _____ DATE _____

(OVER)

WAIVER OF REQUIREMENT FOR A PHYSICIAN TO COMPLETE THIS SIDE OF THE FORM:

ALTHOUGH IT IS PREFERRED THAT THIS SIDE OF THE HEALTH FORM SHOULD BE COMPLETED BY A PHYSICIAN, HOWEVER THE LAW ALLOWS FOR LEGAL GUARDIANS OF PERSONS UNDER 18 YEARS TO WAIVE THIS REQUIREMENT BY SIGNING BELOW. BY SIGNING BELOW YOU ARE DETERMINING THAT YOU, THE LEGAL GUARDIAN, CERTIFY THAT YOUR CHILD IS CAPABLE OF PARTICIPATING IN STRENUOUS ACTIVITIES INVOLVED IN ADVENTURE SPORTS AND CAMPING. IF YOU SIGN THIS WAIVER YOU MUST COMPLETE THE BELOW INFORMATION JUST AS A PHYSICIAN WOULD HAVE:

SIGNING BELOW WAIVES THE REQUIREMENT TO HAVE A PHYSICIAN COMPLETE THIS FORM:

SIGNATURE OF PARENT _____ DATE: _____

PHYSICIANS REPORT:

TO BE COMPLETED BY A PHYSICIANS OR HEALTH SERVICE PRIOR TO ARRIVAL AT CAMP. THIS INFORMATION SHOULD BE FROM A RECENT MEDICAL EXAMINATION. CAMP HIGH PLACES CAMPS IN NATIONAL PARKS AND SOME REMOTE AREAS – WE NEED THE FOLLOWING INFORMATION TO PROVIDE A SAFE AND HEALTHY EXPERIENCE FOR ALL OF OUR PARTICIPANTS. THANK YOU.

DOES THIS CAMPER HAVE ANY:

- A. MEDICAL CONDITIONS? NO ___ YES ___ EXPLAIN: _____
- B. PHYSICAL CONDITIONS? NO ___ YES ___ EXPLAIN: _____
- C. EMOTIONAL CONDITIONS? NO ___ YES ___ EXPLAIN: _____
- D. COMMUNICABLE DISEASE? NO ___ YES ___ EXPLAIN: _____
- E. ALLERGIC CONDITIONS? NO ___ YES ___ EXPLAIN: _____

PLEASE LET US KNOW ABOUT ANY PAST ILLNESS OF INJURY: _____

WILL ANY PRESCRIPTION DRUGS BE TAKEN WHILE AT CAMP? NO ___ YES ___

IF YES, EXPLAIN TYPE AND DOSAGE? _____

ALL DRUGS, PRESCRIPTION AND NON PRESCRIPTIONS MUST BE GIVEN TO OUR STAFF TO BE ADMINISTERED AS NEEDED. CAMPER'S CANNOT KEEP ANY DRUGS (EVEN OVER THE COUNTER) ON THEIR PERSON.

ARE IMMUNIZATIONS CURRENT? POLIO: YES ___ NO ___ (YR) MEASLES: YES ___ NO ___ (YR)

TETANUS: YES ___ NO ___ DATE OF LAST TETANUS BOOSTER: _____

BLOOD TYPE (IF KNOWN): _____ ANYTHING ELSE: _____

IS THERE ANY CONDITION YOU FEEL WOULD PREVENT THE CAMPER FROM PARTICIPATING IN STRENUOUS ADVENTURE SPORTS ACTIVITIES? ANY LIMITATIONS? YES ___ NO ___

EXPLAIN AND LET US KNOW ANY REASONABLE ACCOMMODATIONS: _____

ARE YOU THE CAMPER'S REGULAR PHYSICIAN: YES ___ NO ___ RELATIONSHIP: _____

ANY COMMENTS: _____

PHYSICIANS NAME: _____ DATE: _____

PHYSICIANS ADDRESS: _____ PHONE: _____

PHYSICIANS' SIGNATURE: _____