



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

# 2018 CAMPER INFORMATION & HEALTH FORM

The purpose of this health form is to assist Stoney Creek Health Care Staff in identifying appropriate care. The information in this form will only be available to staff who will be working with your camper. This health form is required for camp attendance and must be completed by the camper's parent/guardian. Health forms from last year are not valid for this year.

## CAMPER INFORMATION (Ages 9-17)

Date of Birth: \_\_\_\_\_  Male  Female

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## EMERGENCY INFORMATION (lives with Camper)

Custodial Parent(s)/Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BACKUP EMERGENCY INFORMATION\*\*** Required- must be someone who does not live with the camper. Please provide contact information of other person who know your camper and with whom can consult if we cannot reach you. We assume you have spoken with these individuals and that they are willing to assist should the need arise.

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CAMPER HEALTH INFORMATION

### PHYSICIAN INFORMATION

Name of camper's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Name of camper's Dentist/ Orthodontist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

### INSURANCE INFORMATION

Is the camper covered by family medical insurance?  YES  NO

Insurance Carrier/Plan Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**\*\*\*If no insurance, please complete the Insurance Wavier Form**

\*\* Required \*\* Please provide the month and year for the camper's last tetanus booster.

Tetanus Booster or Last DTP  
Month: \_\_\_\_\_ Year: \_\_\_\_\_

### IMMUNIZATIONS

Camper currently attends school and is current on all required immunizations. \_\_\_\_ Yes \_\_\_\_ No

Camper is not enrolled in a school system. *If not enrolled in school, please attach a copy of current immunization record to this form.*

### ALLERGIES NOTE: WE ARE NOT PEANUT FREE.

We will make every attempt to communicate concerns regarding peanut allergies but do not guarantee zero exposure.

This camper has **NO** known allergies.

This camper has the following allergies: **(Please list all allergies and provide information about reaction and treatment**

**Medication Allergy:** \_\_\_\_\_

**TREATMENT:** \_\_\_\_\_

**Food Allergy:** \_\_\_\_\_

**TREATMENT:** \_\_\_\_\_

**Other Allergy (includes plant, animal, etc.):** \_\_\_\_\_

**TREATMENT:** \_\_\_\_\_

Please circle the session the camper will be attending and the organization which they will be attending camp with.

Session: 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13

Organization Name: \_\_\_\_\_



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

# 2018 CAMPER INFORMATION & HEALTH FORM

## ADDITIONAL INFORMATION

Please list any additional information that would help our medical staff when caring for your camper:

## MEDICAL CONCERNS

\*Please call (979) 733-9022 to contact the Stoney Creek Nurse if you need to discuss your child's health concerns.

- This camper has NO long-term health concerns and is capable of full participation in the camp program at Stoney Creek Ranch.
- This camper has the following health concern(s): (Check all that pertain to this camper and provide information about supportive health care.)
  - ADHD/ ADD    Depression    Hearing Loss    Kidney Disease    Ear Infections    Migraine Headaches    Anorexia, Bulimia (eating disorders)
  - SERVE Allergic Reactions / To what? \_\_\_\_\_ Describe Reactions: \_\_\_\_\_
  - Asthma / Date of last episode \_\_\_\_\_ Will an Inhaler be used at Camp? Yes or No
  - Diabetes Do you take Insulin? Yes or No
  - Any other illnesses such as Crohn's Disease, Anemia, Seizures, Tourette's, etc. \_\_\_\_\_

Please list ALL prescription medication, over-the-counter and non-prescription drugs taken routinely. Fill in the blanks completely. All drugs must remain in the original container. All prescription medications must be in a pharmacy-labeled container with the camper's name on it. Loose pills and samples will not be accepted.

Bring ONLY enough medication to last 5 days. Empty bottles will be returned to your Camper's Group Leader.

- This camper does NOT take any medications on a regular basis.
- This camper takes routine medication as follows: (Use a separate sheet if necessary.)

<b>Medication 1</b>	<b>Medication 3</b>
Reason _____	Reason _____
Dose taken _____	Dose taken _____
When taken each day _____	When taken each day _____
<b>Medication 2</b>	<b>Medication 4</b>
Reason _____	Reason _____
Dose taken _____	Dose taken _____
When taken each day _____	When taken each day _____

The information given in this form is complete and accurate to the best of my knowledge. I hereby give my permission for my camper to participate in all camp activities.

1. I hereby give my permission for Stoney Creek to use or disclose Protected Health Information (PHI) to necessary staff and any volunteer or paid health care professional or facility for diagnosis, treatment, health care needs, emergency medical care or coverage information for my camper.
2. I hereby give my permission to licensed Stoney Creek medical/nursing staff, volunteer physicians and volunteer licensed medical/nursing staff to administer prescribed medication, provide health care, and seek emergency medical care. I hereby give my permission to Stoney Creek Ranch to provide or seek transportation to medical facilities for my camper.

In case of emergency where I can't be contacted, I hereby give permission to the physician selected by Stoney Creek to secure and administer proper treatment, hospitalize, order injections, order anesthesia and/or surgery for my camper.

### 3. I HEREBY GIVE MY PERMISSION FOR LICENSED Stoney Creek MEDICAL/NURSING STAFF AND VOLUNTEER LICENSED MEDICAL/NURSING STAFF TO ADMINISTER OVER-THE-COUNTER MEDICATIONS TO MY CAMPER AS NEEDED.

4. I understand that the Nurse Manager and/or the Camp Director reserves the right to send home a camper whose medical condition becomes unmanageable and/or places the camper or Stoney Creek at risk in the Camp environment.
5. I agree to make Stoney Creek aware of all known medical issues regarding my camper's health and will update this form with additional issues that may occur between now and the start of camp.

**PARENT/GUARDIAN SIGNATURE REQUIRED HERE:**

**DATE:**



## **CAMPER AGREEMENT**

(Including assumption of risks and agreements of release and indemnity)

This form must be filled out, signed, and dated by all adult campers and visitors to Stoney Creek Ranch ("Stoney Creek" or "the camp"), or, if the camper or other visitor is a minor (under 18 years of age), by a parent or legal guardian of that minor camper. No one will be permitted to attend camp unless Stoney Creek Ranch staff have received this form completed, signed and dated. In this agreement, the camper and other visitors, including chaperones of visiting organizations are referred to as "campers."

In consideration of being allowed to participate in activities at Stoney Creek Ranch and to visit and move about its premises I, an adult Camper, or parent or guardian of a minor camper hereby acknowledge and agree as follows:

### **Activities**

Activities of the camp (sometime referred to in this document as 'the Program') are optional and, in addition to driving and hiking and otherwise moving about this rural environment, include the following: low and high ropes courses, a rock climbing wall, water and land zip lines, water activities (including swimming, kayaking, The Blob and other inflatables and structures, a water trampoline, fishing and kayaking); archery, riflery and skeet shooting, campfire, and field games, including soccer, smashball, Frisbee golf, washers, horseshoes and volleyball.

### **Risks**

These activities and others will expose the camper to those risks ordinarily associated with walking, hiking, driving, camping, living, working, studying, exploring and otherwise engaging in recreation and other activities, including those described above, in a rural environment. Campers may collide with others and fixed obstacles, be struck by falling objects including timber, and fall (including from significant heights). The zip line activities include moving at considerable heights and campers may experience some discomfort or anxiety. Other risks include the following:

***Rugged Terrain:*** Stoney Creek is located on, and its activities are conducted on, rugged terrain including dangerous obstacles and hazards which may be hidden by brush, vegetation, or debris. If a camper becomes injured or lost in severe weather conditions or difficult terrain, rescue may be delayed.

***Travel:*** Campers risk mechanical failure or operation error in traveling in cars, vans, buses that may be used at Stoney Creek. These risks increase in rugged areas, and in severe weather conditions.



**Weather:** Weather conditions may be extreme and can change suddenly without warning. Stoney Creek is located in a remote region that is subject to unpredictable, and potentially dangerous and severe weather systems and conditions, including, but not limited to, rainstorms, thunderstorms, hailstorms, dust storms, flashfloods, and wildfires.

**Wildlife:** The remote area in which Stoney Creek is located contains wild animals and insects, including venomous snakes, poisonous insects and plants and potentially dangerous animals. The behavior of wildlife is unpredictable. Emergency medical attention may not be available and the camper is solely responsible for having an adequate supply of medication readily available to treat any and all allergic reactions of that camper to insect bites and stings or contact with plants.

**Conduct of other campers, visitors and staff:** Other campers, visitors and staff may misjudge conditions and capabilities and otherwise act carelessly, including violation of rules and policies.

The risks described above and others may result in loss or damage to a camper's property, personal injury and even death. The risks are inherent in the activities of the Camp and moving about its premises -- that is, without such risks, the camp experience would lose its value and appeal. Although STONEY CREEK may take precautions to reduce the risks of participating in the Program, safety – the elimination of risk - is not possible or desirable.

### Assumption of Risks

I, an adult camper, or Parent, assume and accept all the risks and dangers of participating in the Program, whether or not described above, and including the possibility of the negligence of staff and others. If I am the Parent of a minor camper I give my child permission to participate in all activities. I have discussed the activities and risks with the minor camper who assures me that he or she understands them and wishes to participate nevertheless.

**Release and Indemnity:** I, an adult camper or Parent of a minor camper (Parent, for myself and, to the extent allowed by the laws of the state of Texas, on behalf of the minor camper) hereby release and agree not to sue The Stoney Creek Foundation, a Texas nonprofit corporation, and its directors, officers, employees, staff and independent contractors (the "Released and Indemnified Parties) with respect to any and all claims of injury, disability, death, products liability (including strict liability), breach of contract or other loss or damage to person or property suffered by me or by the minor camper, arising in whole or part from my (or the child's) participation in activities of the camp or otherwise being on its premises. In addition, I agree to indemnify (that is, defend and satisfy by payment or reimbursement, including costs and attorney's fees) the Released and Indemnified Parties from any and all such claims brought by me or by or on behalf of the minor camper, another



camper, a member of my, or the minor camper's, family, or anyone else, arising out of or in any way related to a loss suffered by me or the child, or caused by me or the child.

These agreements of release and indemnity include claims of negligence, but not the gross negligence or intentionally wrongful conduct of a Released and Indemnified Party.

Other

In the event of an emergency, I (i) grant permission to the physician and/or treatment facility selected by camp staff to administer treatment, including hospitalization, and (ii) release, hold harmless, and indemnify the Released and Indemnified Parties from and against any and all losses, injuries, and/or damages suffered by me or the minor camper as a result of such treatment.

I, for myself and on behalf of my minor child who is a camper, if applicable, hereby give Stoney Creek permission to use my and/or my child's name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I represent that I am an adult camper, or a parent or legal guardian of the camper and authorized to sign on his or her behalf. I have had sufficient time to read and understand this document and understand that it will be binding upon my, and the minor camper's respective heirs, next of kin, executors and administrators.

I agree that Camper Agreement will be governed exclusively in all respects by and interpreted solely in accordance with the laws of the State of Texas, except those which might invoke the laws of another State. I, for myself and for the minor camper hereby irrevocably submit to the exclusive jurisdiction of the courts of the State of Texas and agree that no other courts can exercise jurisdiction over the agreements and claims referred to herein. Any litigation to enforce this agreement shall be instituted and maintained in the State of Texas in Houston, Harris County, Texas, and nowhere else.

PRINTED NAME OF CAMPER \_\_\_\_\_

CAMPER ADDRESS \_\_\_\_\_

CAMPER'S DATE OF BIRTH \_\_\_\_\_

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CAMPER SIGNATURE (IF 18 YEARS OR OLDER)

DATE

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SIGNATURE OF PARENT/LEGAL GUARDIAN (IF CAMPER LESS THAN 18 YEARS OLD)

DATE



# 2018 GROUP FORMS AND AGREEMENTS

ADDRESS OF GUEST GROUP \_\_\_\_\_  
CITY, STATE AND ZIP \_\_\_\_\_

## Medical Insurance Waiver (Needed ONLY if no health insurance)

Camper Full Name \_\_\_\_\_

DOB \_\_\_\_\_

Session Date \_\_\_\_\_

I agree to assume the cost of any hospital or medical costs, which \_\_\_\_\_ (camper name) may incur while participating in camp activities at Stoney Creek Ranch or as a result of my attendance at the camp.

I understand that Stoney Creek Ranch does not provide health insurance coverage.

I will not hold Stoney Creek Ranch or any of its officers or representatives responsible for payment of my medical expenses.

Parent or legal guardian signature: \_\_\_\_\_

Camper Signature: \_\_\_\_\_

Date: \_\_\_\_\_