



Please mail or fax form to:  
**Camp MiVoden**  
**P O Box 19039**  
**Spokane, WA 99219**  
**Fax 509-242-1506**

***Youth Camp Health, Emergency Authorization and Activity Release Form***

**STEP 5 Fill in Your Health Record**

**Camper's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Legal Guardian's Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **email** \_\_\_\_\_

(please attach additional contact information if needed)

**Allergies** (Check all that apply and be specific)

No Allergies

Drugs \_\_\_\_\_

Plants \_\_\_\_\_

Bee Stings (What treatment is usual?) \_\_\_\_\_

Foods/Diet Restrictions (please list) \_\_\_\_\_

Other \_\_\_\_\_

**Immunizations** (Month & Year)

Tetanus \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Polio \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MMR \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Special Conditions** (Check all that apply)

Ear Infections  Athlete's Foot

Seizures  Sleep Walking

Bed-wetting  Other \_\_\_\_\_

Fainting \_\_\_\_\_

Stomach Upsets \_\_\_\_\_

Head Lice \_\_\_\_\_

Constipation \_\_\_\_\_

**General Health Information**

**Medications**-Prescription or OTC(Medications not received in original containers will be refused.) \_\_\_\_\_

**Activity Restrictions** \_\_\_\_\_

Describe current physical, mental or psychological conditions requiring medication, treatment or special restrictions, conditions while at camp. \_\_\_\_\_

**Past Medical Treatments** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Secondary Contact Person** (In the event you are unavailable or cannot be reached, please list one other person we may contact in the event of an emergency.)

**Name** \_\_\_\_\_ **Relationship to camper** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_ **Phone (Work/Cell)** \_\_\_\_\_

**Please attach any other instructions or comments to this form.**

**Activity Disclosure and Release for Participation in Camp MiVoden's Program – Upper Columbia Conference of SDA**

Camp MiVoden has done everything reasonable to assure that our camp programs (including challenge course, rock climbing, zipline, and horsemanship) have been made as safe as possible. However, we wish to inform you that camp activities are not without risk. As in any camp activity, such as challenge course, zipline, rock climbing, or horsemanship, inherent risks exist and may result in serious injury or death. Your camper should only participate after you have read the description of all the activities in the camp brochure and/or other camp materials. Please note, challenge course, zipline, rock climbing and horsemanship are not required activities. Should you not want your camper to participate in any of these specific programs, please list them in writing on a separate sheet of paper and attach it to the application when mailing it in. Phone calls are not acceptable for exclusion. If you have any questions, please call (509) 838-2761 (ask for information about MiVoden) or during the summer call (208) 772-3484.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Treatment Authorization**

In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this **EMERGENCY TREATMENT AUTHORIZATION** statement and give my full consent to the terms found therein. (This form may be photocopied for use out of camp.)

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contract of Release & Assumption of Risk Agreement**

By signing below, I acknowledge I have read the above two statements and consent to their conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Camp MiVoden, its employees, and the Upper Columbia Conference of SDA, and its parent organizations from liability in case of accident or illness. Camp MiVoden is not responsible for lost or damaged personal items, including cameras and personal recreational equipment, etc. I also agree that photographs and video of the applicant may be used for camp promotional material. I agree to abide by ALL camp regulations and policies and to uphold its objectives.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_