



# CAMP HEALTH EXAMINATION FORM

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: M: \_\_\_ F: \_\_\_ Age: \_\_\_  
Last First M. Init.

Name of Parents/Guardians (or spouse): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

**If not available in an emergency please notify:**

1. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name Relationship
2. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name Relationship

**Check all that apply, giving approximate dates**

Health History	Date	Allergies	Date	Diseases	Date
____ Frequent Ear Infections	_____	____ Hay Fever	_____	____ Chicken Pox	_____
____ Heart Defect/Disease	_____	____ Poison Ivy, etc.	_____	____ Measles	_____
____ Convulsions	_____	____ Insect Stings	_____	____ German Measles	_____
____ Diabetes	_____	____ Penicillin	_____	____ Mumps	_____
____ Bleeding/Clotting Disorders	_____	____ Other Drugs	_____	____ Asthma	_____

**Allergies (describe reactions/treatment):** \_\_\_\_\_

**Operations or serious injuries and dates:** \_\_\_\_\_

**Chronic or recurring illnesses:** \_\_\_\_\_

**Dentist/Orthodontist:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Medical/Health Insurance Company:** \_\_\_\_\_ **Policy or Group #:** \_\_\_\_\_

IMPORTANT: Please notify us if this individual is exposed to any communicable disease during the three weeks prior to attending.

**Medications: All medications must be in original pill bottles!**

Administer at:  breakfast  lunch

Medication 1: \_\_\_\_\_ Dosage: \_\_\_\_\_ (Check all that apply)  dinner  bed  other Reactions: \_\_\_\_\_

Physician: \_\_\_\_\_ RX#: \_\_\_\_\_ Route of Administration: \_\_\_\_\_ Date: \_\_\_\_\_

Administer at:  breakfast  lunch

Medication 2: \_\_\_\_\_ Dosage: \_\_\_\_\_ (Check all that apply)  dinner  bed  other Reactions: \_\_\_\_\_

Physician: \_\_\_\_\_ RX#: \_\_\_\_\_ Route of Administration: \_\_\_\_\_ Date: \_\_\_\_\_

**(If more medications are necessary please use the back of this form)**

**IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE**

**Parental Authorization.** This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities. In the event of an emergency, I hereby give permission to the physician selected by the Expeditions Unlimited staff to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I also give permission to the physician selected by the Expeditions Unlimited staff to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child as named above.

**Parental Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Release of Claims and Waiver of Liability

The undersigned applicant acknowledges, understands and agrees that as to the contemplated trip with Expeditions Unlimited:

1. There are unique physical demands and risks involved;
2. The activity can be of a dangerous nature which can result in serious and potentially fatal injury;
3. That instructions given must be followed for ongoing participation and safety of the applicant; and
4. That Expeditions Unlimited, Ltd. retains the right of final approval of all participants and the right to terminate a participant's involvement in a trip at its discretion.

In consideration of conducting the trip and based on the above, Expeditions Unlimited, Ltd., its officers, directors, shareholders, employees, agents and their heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated trip.

### Release as to Photographic, Movie and Video Images

The undersigned irrevocably consents to and authorizes the use and reproduction of any and all photographic and video images taken during the contemplated trip. The use and reproduction of images is at the discretion of Expeditions Unlimited whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies of images are and will remain the sole property of Expeditions Unlimited, Ltd.

### Applicant Information

Complete the following information for each member of your household participating in the trip with Expeditions Unlimited.

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Required if applicant is under 18 years of age