



Peterkin Camp and Conference Center

A Ministry of The Episcopal Diocese of West Virginia

Health Form

Provide complete information and return this form with event registration. At event arrival, update information with health personnel.

PARTICIPANT INFORMATION

Last Name		First Name		Middle Name	
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Gender		Birthdate (MM/DD/YY)		Age at Event	
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Address					
City		State		Zip	

Parent/Legal Guardian					
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Address (if different from above)					
City		State		Zip	

Home Phone		Cell Phone		Other	
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EMERGENCY CONTACT INFORMATION

Name 1		Relationship			
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Home Phone		Cell Phone		Other	
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Name 2		Relationship			
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Home Phone		Cell Phone		Other	
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INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance?		If so, name of the insurance company	
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Group/ Policy #		Name on Insurance Card		Phone	
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PHYSICIAN INFORMATION

Physician's Name		Phone	
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ALLERGY INFORMATION

Do you have any allergies?		If yes, do you carry epinephrine, such as an EpiPen?		If yes, have you ever been hospitalized for these allergies?	
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Describe your allergies, including severity and other pertinent information	
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MEDICATION INFORMATION

Medication can only be dispensed from its original container. Resealable plastic bags, other bottles, bottles printed with someone else's name or any other type of container besides the original will not be accepted. Medication must be clearly labeled with the participant's name, medication name, dosage and instructions. Medications must and will be administered according to the actual dosage listed on the bottle, unless there is a written note from the prescribing physician outlining different instructions for the administration of medications.

My child will be taking medications during this event.	
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Name of Medication	Date Started	Reason for taking it	When it is given	Amount/dose given	How it is given



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I give permission for common over-the-counter (non-prescription) medication and health care items to be administered to my child as needed to manage illness and injury.	
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OTHER PERTINENT HEALTH INFORMATION

Does your child have any mental health needs that may interfere with them fully participating in this event?	
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Is there any additional information about your child's health that you think is important or that may impact their ability to participate in this event?	
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ACCURACY STATEMENT

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. In consideration for the opportunity to participate in the program, I understand the Episcopal Diocese of West Virginia, Peterkin Camp and Conference Center, its Board of Governors, officers, employees, agents and volunteers are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends. This health form is correct and complete as far as I know, and the person herein described has permission to engage in all event activities except as noted. I hereby give permission to the event to provide routine health care, administer prescribed medications and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the event to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the event to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of the event.

Signature of Parent/Legal Guardian		Date	
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