

Date attending camp: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day - Day / Year

Church/Group Name: \_\_\_\_\_ Church/Group Phone: \_\_\_\_\_

Type of camp attending: F.E.S.S. \_\_\_\_ Elementary \_\_\_\_ Jr. High \_\_\_\_ High School \_\_\_\_ Adult \_\_\_\_

**Camper's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_  
(Last) (First)

Name of Parent or Guardian (if applicable): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CAMPER (whether Adult or Minor) HEALTH INFORMATION AND AUTHORIZATION FOR TREATMENT**

<b>Check ALL applicable conditions</b>	<input type="checkbox"/> Recent Broken Bone or Other Injuries
<input type="checkbox"/> Bee Sting or Insect Bite Reactions	<input type="checkbox"/> Type of Injury: _____ Date of Injury: _____
<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Activity Restrictions: _____
<input type="checkbox"/> Hay Fever/Sinus Problems	<input type="checkbox"/> Other Restrictions: _____
<input type="checkbox"/> Asthma Sending RX <input type="checkbox"/>	<input type="checkbox"/> Recent Surgery Type: _____ Date of Injury: _____
<input type="checkbox"/> Back or Neck Problems	<input type="checkbox"/> Date of surgery: _____ Activity Restrictions: _____
<input type="checkbox"/> Bedwetting (currently)	<input type="checkbox"/> _____
<input type="checkbox"/> Bowel Problems	<input type="checkbox"/> Vegetarian <b>Vegan</b> <b>Gluten free</b> <b>Dairy free</b>
<input type="checkbox"/> Epilepsy or seizure disorder	<input type="checkbox"/> Sleep Walking (history of)
<input type="checkbox"/> Fainting	<input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Sending RX <input type="checkbox"/>
<input type="checkbox"/> Headache	<input type="checkbox"/> Diabetic Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Special Ed <input type="checkbox"/> IEP <input type="checkbox"/> Psychiatric/Emotional Illness _____
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Child requires medical aide/supervision at all times

Briefly explain ALL items checked above and explain other medical or dietary issues not listed (use additional sheets if necessary).

What allergies may the camper have that you would like us to be aware of? \_\_\_\_\_

Does the camper have any dietary modifications? Yes ( ) or No ( ) If yes, please list \_\_\_\_\_

Has the camper been diagnosed with any type of disease you would like us to be aware of? Yes ( ) or No ( )

If yes, please list and explain \_\_\_\_\_

Is the camper up to date on all immunizations? Yes ( ) or No ( )

Relatives' names and ages if also attending camp \_\_\_\_\_

Any additional information: \_\_\_\_\_

**Prescriptions for minors:** (including Asthma/ADD/Insulin/Epi-kit): Any prescribed medicine or inhaler must be given to the sponsoring organization for camper's use under supervision. All medications must be sent in their original prescription container.

- Are you sending prescription or non-prescription medication with your child? Yes ( ) No ( )
- If yes, please list and detail dosage information: \_\_\_\_\_

Has your child been exposed to any communicable disease within the past month? Yes ( ) No ( )

If yes, please specify the disease. \_\_\_\_\_ Date of last known Tetanus shot \_\_\_\_\_

**Medical Insurance Information**

Private Insurance Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Insurer's Name: \_\_\_\_\_ Medi-Cal Coverage Policy #: \_\_\_\_\_

**Non-Prescription Medication Available at Silver Spur**

The medications listed below are kept in stock; **do not feel obligated to send any of these items.** Please check each box below to indicate your permission for the listed medication to be administered by the Camp Nurse or an authorized staff member. **We will not administer any medication without your authorization.**

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen (pain reliever, fever reducer)	<input type="checkbox"/>	<input type="checkbox"/>	Benadryl (itch, insect bite, sinus)
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol (head/muscle aches/cramps)	<input type="checkbox"/>	<input type="checkbox"/>	Claritin (allergies)
<input type="checkbox"/>	<input type="checkbox"/>	Pepto Bismo, Immodium or Kaopectate (diarrhea)	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone Cream (itch/rash)
<input type="checkbox"/>	<input type="checkbox"/>	Milk of Magnesia (constipation)	<input type="checkbox"/>	<input type="checkbox"/>	Polysporin Topical Ointment (minor wound)
<input type="checkbox"/>	<input type="checkbox"/>	Cough Drops (cough)	<input type="checkbox"/>	<input type="checkbox"/>	Betadine or Polysporin Topical Antiseptic (wound care)
<input type="checkbox"/>	<input type="checkbox"/>	Robitussin (cough)	<input type="checkbox"/>	<input type="checkbox"/>	Phenylphrine (decongestant)

**Authorization for Medical Treatment – INITIALS REQUIRED OR CAMPER CANNOT BE TREATED:**  
*Initials* I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise. I further authorize Silver Spur personnel to assist me (or my minor/child) in the use of the medications indicated above and those listed on the prescription section of this form.

**Video & Photo Information**  
*Initials* Silver Spur produces a weekly/weekend video recapping the activities the campers participated in, and the information they learned. The videos and photos are primarily used for the guest's enjoyment, on our website, in promotional presentation, or as a general-purpose preview of the Silver Spur experience. These videos/photos are solely the property of Silver Spur and they are not to be used for commercial means.

**Physical Activity Release**  
*Initials* Camp activities include but are not limited to swimming, ropes course, zip-line, paintball, team recreation, etc. There are risks of physical injury or harm from participating in activities. I voluntarily elect myself (or my minor/child) to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Silver Spur, its officers, employees, and agents from all liability for any injury or harm to me (or my minor/child) from participating in said activities. I have read and understood this release of liability.

**Behavior Agreement/Discipline Policy**  
*Initials* Please review the following camp rules and consequences for breaking the standards (and share with your minor/child if applicable). These simple standards will help ensure that every camper has a safe and successful experience.

1. Follow all normal organization/church/camp standards. Abide by all communicated camp guidelines.
2. Respect the rights of all people and their belongings. Be respectful towards and follow directions of all leadership/staff.
3. Participate in activities and maintain a good attitude. Use appropriate language at all times.
4. Keep hands, arms, and legs to yourself. Fighting, play fighting, roughhousing, and wrestling are not permitted.
5. Leave these items at home: alcohol, tobacco, all electronic devices, knives, weapons, matches/lighters, and valuables.
6. Be where you're supposed to be, Do what you're supposed to do, and Use Common Sense.

***If I don't follow these standards, I realize that I am choosing to accept the consequences for my behavior:***

1. Be restricted from fun activities
2. Have to spend part or all of free time in work projects
3. Call home to parents/guardians (if minor/child)
4. Be sent home and excluded from further attendance

***The following behaviors are examples of what a misbehaving camper could be sent home for:***

1. Hitting, fighting with, or threatening another camper
2. Vandalism, theft, or other inappropriate behavior
3. Being in the opposite gender's cabin
4. Repeated violation of camp guidelines

I have reviewed the Silver Spur Behavior Policy (with my child if a minor) and understand that all standards continue while in attendance at Silver Spur. Should there be any serious difficulty with following the expectations, I support the implementation process (above) and, if necessary will leave the premises or bring my minor/child back home. I understand that Silver Spur will NOT prorate my fees for any reason and I may lose my privilege to attend Silver Spur if I fail to follow them.

**Minor Child Camper Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Signature of Camper or Parent/Guardian of minor child**

*I have reviewed all of the above policies and guidelines of Silver Spur and I agree with all the statements above.*