



## Deer Creek Camp Medical Profile

A current medical history is required for all campers.

**The form must be returned to the camp office  
before cabin assignments can be made.**

Box 200, Medina, TX 78055

or fax 830.589.3260

**Camper Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Session** \_\_\_\_\_

M D Y

**Male** \_\_\_ **Female** \_\_\_ **T-Shirt Size** \_\_\_\_\_ **Grade completed in school this year** \_\_\_\_\_

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Custodial Parent is \_\_\_\_\_ if Parents or legal guardian are not available in an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Personal History**    General Statement of Health \_\_\_\_\_

Please disclose any condition, limitations, or needs you did not list above and which might affect your child's ability to fully and successfully participate in a program of rigorous outdoor activity in a remote setting, and without harm to yourself and others.

The following health disabilities are restrictions that camp staff should be aware of: \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Physical Examination \_\_\_\_\_

**Immunizations up to date?**    Y or N    **Date of last Tetanus vaccination** \_\_\_\_\_

**Family Insurance Company** \_\_\_\_\_ **Policy Group #** \_\_\_\_\_

**Disease, Surgery, Injuries, medical info camp needs to know about my child:** \_\_\_\_\_

### Allergies.

	Yes	No		Yes	No
Bee Wasp sting			Chiggers/Mosquito		
Spiders/Ants			Poison Ivy/Oak/		
Penicillin			Antitoxin		
Drugs:					
Foods:					
Other:					
Describe most current reaction, the date occurred and treatment received.					

### Medicine at Camp

The infirmary is staffed with medical personnel who will dispense medications according to written directions. All over the counter and prescription medicine must be checked-in to our infirmary. Place original medicine containers in a zip lock bag with Doctor's instructions included.

**Additional information you would like us to know about your child to make this the most incredible week of their life or goals they may have for this camp experience.**


The following health disabilities or restrictions that camp staff should be aware of: \_\_\_\_\_

“I certify that the Health History I have provided is true and correct so far as I know, and I believe that my child’s health is satisfactory to participate in a program that involves challenging physical activities outdoors in a remote area. I understand that there are risks associated with this program, which may give rise to medical emergencies requiring immediate health care.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Deer Creek Family Camp, Inc. director to: hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child.

I also agree to assume full financial responsibility for paying all costs and expenses associated with the provision of medical care pursuant to this authorization including any cost associated with any specialized means of evacuation necessary to transport my child to an appropriate medical care facility.

I further affirm that I have fully disclosed to Deer Creek Camp and their agents any and all health conditions which may bear on my child’s ability to safely complete the activities in good health or which put my child at increased risk or injury.

I grant permission for my child to participate in all activities offered at camp except as otherwise noted on this form. I hereby release, indemnify, and hold harmless Deer Creek Family Camp, Inc, its agents, owners, officers, and employees from and against any and all claims, liabilities, suits, actions, damages, or losses, including without limitation, all costs and attorney’s fees and including without limitation any act, omission, negligence or gross negligence of Deer Creek Family Camp, Inc., it agents, owners, officers, and employees which may arise from or in any way be connected with my stay or participation in activities at Deer Creek Family Camp, Inc.” I agree that any dispute concerning, relation, or referring to this contract, concerning my child’s camping experience, or the camping experience itself shall be resolved exclusively by binding arbitration with venue in Bandera County, Texas, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of Texas.

\_\_\_\_\_  
Print name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

.....  
**Photo Release**

I understand that photographs may be taken of my child’s participation during the program. These photographs will be used only for Deer Creek Camp’s publicity. I acknowledge that I do or do not consent to the use of these photographs in which my child’s pictured for promotional material and or publications and I do not request compensation for the use of my (my minor’s) likeness.

I consent to such photographs being used as described above. \_\_\_\_\_ (Please initial)

I do not consent to such photographs being used as described above. \_\_\_\_\_ (Please initial)