

WINSHAPE CAMPS C3 DAY CAMP

Camper Medical Information and Authorization Form

Camper's Name: _____
 Social Security #: _____ Gender: _____ Birthday: _____ Age: _____
 Address: _____

Mother's Name _____ Home Phone (____) _____
 Cell Phone (____) _____
 Mother's address _____ Bus. Phone (____) _____

Father's Name _____ Home Phone (____) _____
 Cell Phone (____) _____
 Father's address _____ Bus. Phone (____) _____

PARENTAL / LEGAL GUARDIAN AUTHORIZATION AND RELEASE: I have voluntarily enrolled my child in a Day Camp sponsored by the entities listed below. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. (The Camp Director will always make every effort to consult with parents or legal guardians concerning serious health situations.) I further give permission to camp nursing and/or medical staff to administer prescription and nonprescription medication brought from home as well as those prescribed or determined necessary while at camp. I hereby release and indemnify WinShape Foundation, Inc., WinShape Camps C3, Connect Ministries, Inc., the _____ Church (which is the host church for the Day Camp) and all of their owners, shareholders, officers, directors, managers, employees, affiliates, sponsors and agents from any and all claims, liabilities, demands, damages and causes of action resulting or arising, directly or indirectly, from any action taken by any of them pursuant to this Camper Medical Information and Authorization Form.

Parent/Guardian Signature _____ Printed Name _____
(Signature must be witnessed by a Notary Public)

Sworn to and subscribed before me this ____ day of _____, 2010.

State of _____

County of _____

 Notary Public
 My Commission Expires:
 (NOTARIAL SEAL)

If neither parent can be reached in an emergency, please notify:

1. Name: _____ Home Phone: () _____ Business Phone: (____) _____
 Relationship to camper: _____ Cell Phone (____) _____
2. Name: _____ Home Phone: () _____ Business Phone: (____) _____
 Relationship to camper: _____ Cell Phone (____) _____

INSURANCE INFORMATION – Attach a copy of your insurance card (front and back)

Insurance Company: _____ Name of Policy Holder: _____

Policy Number _____ Group Number _____ ID Number _____

Address or phone number for claims: _____

HEALTH HISTORY – Does camper have a history of:

Asthma	Yes	No	Behavior or emotional concerns	Yes	No	Kidney or bladder problems	Yes	No
Seizures	Yes	No	ADD	Yes	No	Cardiac problems	Yes	No
Diabetes	Yes	No	Eating disorders	Yes	No	Hepatitis	Yes	No
Heart Murmurs	Yes	No	Severe reaction to poison ivy	Yes	No	Any previous surgery	Yes	No
Orthopedic problems	Yes	No	Severe reaction to insect stings	Yes	No	Allergic to Penicillin	Yes	No
Frequent ear infections	Yes	No	Breathing problems	Yes	No	Allergic to other drugs	Yes	No
Within last 2 years	Yes	No	Bringing bee sting kit	Yes	No	Any other allergies	Yes	No
Has he/she had Chicken Pox?	Yes	No	Glasses?	Yes	No	Any diet restrictions	Yes	No
Girls: Has she menstruated?	Yes	No	Contacts?	Yes	No	Frequent headaches	Yes	No
Girls: Menstrual history normal?	Yes	No	GI or stomach problems	Yes	No		Yes	No

Please list any details related to the above health history or special instructions: _____

Please list **all** medications taken in the 30 days prior to arrival at camp: _____

List any medications to be taken at camp, including drug, dosage, method (oral, inhaler, injection, etc.), and frequency: _____

WinShape Camps C3 Day Camp
Camper Photo, Video and Writing Authorization and Release Form

Camper's Name: _____

Gender: _____ Birthday: _____ Age: _____

Address: _____

My child has applied to participate in the WinShape Camps C3 day camp (the "Camp"), which is being sponsored and hosted by _____ Church (the "Host Church") and operated by WinShape Camps C3, which is a program of the WinShape Foundation, Inc., and Connect Ministries, Inc. I understand that as a participant at the Camp, my child may be photographed, videotaped or voice recorded during normal camp or event activities, and I understand that WinShape Camps C3 will own any such images of my child. In addition, I understand that my child may write about his or her experience while at camp as part of a normal camp event or activity.

Please check one:

- I hereby grant permission to WinShape Foundation, Inc., WinShape Camps C3, Connect Ministries, Inc., and/or the Host Church to use my child's likeness in any photographs, videos, motion pictures, recordings and other records of the Camp recorded or made in the course of any normal camp event or activity for any promotional purpose (including but not limited to, use in connection with print and electronic media and publication on the Internet) without any obligation to compensate me or my child. WinShape Foundation, Inc., WinShape Camps C3, Connect Ministries, Inc., and the Host Church also have my permission to use anything that my child may write about camp as part of a normal camp event or activity for promotional purposes, without any obligation to compensate me or my child. I also hereby release and discharge WinShape Foundation, Inc., WinShape Camps C3, Connect Ministries, Inc., and the Host Church from any and all claims, liabilities, demands, damages and causes of action for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or trademark, or violation of any other right, law or statute arising out of or relating to any use of my child's likeness or writing under this Camper Photo, Video and Writing Release Form.
- WinShape Foundation, Inc., WinShape Camps C3, Connect Ministries, Inc., and the Host Church do not have my permission to use my child's likeness or anything that my child may write about camp for promotional purposes.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____