



# Sokol Children's Camping Camper Health Information

**IN THE EVENT OF MEDICAL EMERGENCY, THIS INFORMATION WILL ACCOMPANY YOUR CAMPER TO THE HOSPITAL – PLEASE ANSWER ACCURATELY AND COMPLETELY**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Holder's DOB \_\_\_\_\_

Will your child be taking medication during Camping 2022? \_\_\_ Yes \_\_\_ No

Please list medication name and reason given: \_\_\_\_\_

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**ALLERGIES:** \_\_\_ No Known Allergies \_\_\_ This Camper is allergic to:

Food       Medication       Environment (insect stings/hayfever/etc.)       Other

Please describe what camper is allergic to, reaction, and treatment.

## PHYSICAL HEALTH HISTORY:

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Asthma                                   | 15. <input type="checkbox"/> Mono (in the last 12 months)                                  |
| 2. <input type="checkbox"/> Bed Wetting                              | 16. <input type="checkbox"/> Nosebleeds  |
| 3. <input type="checkbox"/> Bleeding, Clotting                       | 17. <input type="checkbox"/> Orthodontic Appliance Required                                |
| 4. <input type="checkbox"/> Chest Pain, Dizzy, Passing Out           | 18. <input type="checkbox"/> Seizures, Convulsions   |
| 5. <input type="checkbox"/> Diabetes                                 | 19. <input type="checkbox"/> Short of Breath, Wheezing                                     |
| 6. <input type="checkbox"/> Diarrhea, Constipation                   | 20. <input type="checkbox"/> Abnormal Menstrual History/complications                      |
| 7. <input type="checkbox"/> Glasses, Contacts, or Protective Eyewear | 21. <input type="checkbox"/> Joint Problems (ankles, back, knees, etc)                     |
| 8. <input type="checkbox"/> Head aches                               | 22. <input type="checkbox"/> Other Issue   |
| 9. <input type="checkbox"/> Head Injury                              | 23. <input type="checkbox"/> Skin Problems (itching, rash)                                 |
| 10. <input type="checkbox"/> Heart Murmur                            | 24. <input type="checkbox"/> Sleep Walking/terrors/other disturbances                      |
| 11. <input type="checkbox"/> High Blood Pressure                     | 25. <input type="checkbox"/> Other – What have we not listed? Please go into detail below. |
| 12. <input type="checkbox"/> Immunodeficiency/HIV/AIDS               |  |
| 13. <input type="checkbox"/> Knocked Unconscious                     |  |
| 14. <input type="checkbox"/> Lice                                    |  |

**MENTAL HEALTH HISTORY:**

- 26.  ADD/ADHD/Other behavior disorders
- 27.  Anorexia, Bulimia, other eating disorders
- 28.  Depression/Anxiety
- 29.  Other – What have we not listed? Please go into detail below.

Please explain any checked responses, noting the number indicated in each explanation. Use the back of page if needed. Please indicate any medications taken in the last year.

Yes  No                      Has your camper had a significant life event that continues to affect the camper's life?  
 (history of abuse, death of loved one, family change, adoption, survival of disaster, etc.)  
 Please Explain.

What have we forgotten to ask about your camper? Please provide any additional information about the camper's health, well-being, and daily routine that you think it is important for the staff to know and/or may affect camper's ability to fully participate in camp. (strict dietary restrictions, extreme fear of severe weather, separation anxiety, etc)

I give my permission for staff to give my camper the following as needed:

Acetaminophen No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl Ointment/Spray	<input type="checkbox"/> Yes <input type="checkbox"/>
Ibuprophen No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone Ointment	<input type="checkbox"/> Yes <input type="checkbox"/>
Benadryl Tablet No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tums/Generic	<input type="checkbox"/> Yes <input type="checkbox"/>

All information included in this form is complete and accurate. I understand failure to disclose information about my camper's health may result in restriction of activity or in extreme cases, removal from camp. In signing this form, I authorize the staff of Sokol Camp to act in the best interest of my camper in case of illness or injury. I understand this may include transportation to and treatment by hospital staff.

Parent/Guardian Name (print)

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Signature \_\_\_\_\_ Date

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# Sokol Children's Camping

## Camper Agreement

1. All camp activities are mandatory. If you are sick and unable to participate, you must inform the camp director. Injuries should be reported to a counselor.
2. Campers will not be allowed into the quarters of the opposite sex.
3. Smoking, vaping and use of any other tobacco e-cigarettes or paraphernalia (lighters, matches) will not be permitted.
4. Camper's cell phones are not allowed during the camping period. If a camper chooses to keep their phone and is caught using it, they may be sent home.
5. The use of alcohol or any other drugs is not allowed during the camping period.
6. Campers are not allowed to operate any motor vehicles during the camping period. Any campers with personal vehicles at Camp, will turn in their keys to Director to be locked up for the week.
7. Directions of counselors and any other staff should be followed at all times.
8. Campers will not be allowed to leave the camp area without permission from and accompaniment of a counselor/staff.
9. Campers will not be allowed to self-medicate. All medications will be turned in to the Staff and administered by the Nurse or assigned Staff member only.
10. All campers are required to be signed in and out of camp by their parent/guardian beginning with lineup on Sunday and concluding with dismissal the following week.
11. Campers are not to be in the pool area without the supervision of a counselor.
12. Equipment should only be used with permission of a counselor.
13. Campers understand the swimwear policy and will comply.
14. Campers understand that any snacks will be confiscated.

Violations of any of the above policies may result in automatic dismissal from the camp without refund.

**I have read and understand the above policies.**

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Camper's Signature

Date

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Parent/Guardian

Date

Signed agreement must be returned by June 10, 2022

**SOKOL ST. LOUIS WAIVER OF LIABILITY & MEDICAL RELEASE FORM**

As the parent or legal guardian of (camper's name) \_\_\_\_\_  
I hereby give consent for my camper to participate in the program offered by Sokol St. Louis. I recognize that potentially severe injuries, including but not limited to sprains, strains, broken bones, permanent paralysis, or death, can occur in any activity. I understand and accept that risk.

I further understand that while the payment of the registration fee and membership dues constitute a part of the consideration due to Sokol St. Louis, an additional and important part of the consideration due to Sokol St. Louis and the Children's Camping Program is this signed release form.

Therefore, in consideration for allowing my child to use Sokol St. Louis's equipment and facilities, I hereby forever release Sokol St. Louis, its owners, officers, instructors, counselors, coaches and volunteers from all liabilities and for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Sokol St. Louis, its officers, instructors, counselors, coaches, or volunteers.

As the parent or legal guardian of the aforementioned person, I hereby agree to personally provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at, for, or under the direction of Sokol St. Louis. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Release, waive, discharge and covenant not to sue **THE AMERICAN-CZECH EDUCATIONAL CENTER, GYMNASTIC ASSOCIATION SOKOL, SOKOL ST. LOUIS, or its affiliated clubs**, their respective administrators, directors, agents, coaches, and other members of the organization, other participants, sponsoring agencies, sponsors, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or hers and next of kin for any and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

Subject to the provisions of this Agreement, each signing party has remised, released and forever discharge and by these presents, does himself and herself and his or her heirs, legal representatives, executors, administrators and assigns remise, release and forever discharge Gymnastic Association Sokol of all cause or causes of action, claims, rights or demands whatsoever in law or in equity, which said party hereto ever had or now has or may have against Gymnastic Association Sokol.

Parent or Guardian (Signature/Relationship) \_\_\_\_\_ (Date) \_\_\_\_\_

Parent or Guardian (Signature/Relationship) \_\_\_\_\_ (Date) \_\_\_\_\_

Printed names of parent or guardian: \_\_\_\_\_

Printed names of participant: \_\_\_\_\_