

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 _____

Policy Number _____

Phone Number _____

Policy Holder's Name _____

Health Insurance Carrier _____

Policy Holder's DOB _____

Will your child be taking medication during Camping 2024?

Yes

No

Please list medication name and reason given:

ALLERGIES:

This Camper is **Alergic** to:

This Camper has **no known** Allergies.

- Food
- Medication
- Environmental (insect stings/hay fever/etc)
- Other

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

PHYSICAL HEALTH HISTORY:

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lice |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Mono (in the last 12 months) |
| <input type="checkbox"/> Bleeding, Clotting | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Chest Pain, Dizzy Spells, Passing Out | <input type="checkbox"/> Orthodontic Appliance Required |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures, Convulsions |
| <input type="checkbox"/> Diarrhea, Constipation | <input type="checkbox"/> Short of Breath, Wheezing |
| <input type="checkbox"/> Glasses, Contacts, or Protective Eyewear | <input type="checkbox"/> Abnormal Menstrual History/Complications |
| <input type="checkbox"/> Head aches | <input type="checkbox"/> Joint Problems (ankles, back, knees, etc.) |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Other Issues |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Skin Problems (itching, rash) |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sleep Walking/terrors/other disturbances |
| <input type="checkbox"/> Immunodeficiency/HIV/AIDS | <input type="checkbox"/> Other - What have we not listed? Please go into detail below. |
| <input type="checkbox"/> Knocked Unconscious | |
-
-
-

MENTAL HEALTH HISTORY:

- ADD / ADHD / Other Behavior Disorders
- Anorexia, Bulimia, Other Eating Disorders
- Depression / Anxiety
- Other - What have we not listed? Please go into detail below:

Please explain any checked responses, referencing the history checked above in each explanation. Use the back of page if needed.

Please indicate any medications taken in the last year.

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.)

- Yes No

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:

Benadryl Tablet

- Yes
- No

Benadryl Ointment/Spray

- Yes
- No

Hydrocortisone Ointment

- Yes
- No

Acetaminophen

- Yes
- No

Tums / Generic

- Yes
- No

Ibuprofen

- Yes
- No

Other: _____

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) _____

Signature _____ Date _____

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: _____