



# Michigan Camper Health Form

\_\_\_\_\_ M \_\_\_ F \_\_\_  
Last Name First Name MI Age

\_\_\_\_\_ Church Affiliation  
Address

\_\_\_\_\_ Birth date  
City State Zip County

Camper Email (for our use only)

### Immunization Record:

If there are any religious or personal objections that do not allow your child to receive immunizations, you must check the box and sign below stating that you object to immunization, but certify that your child is in good health.

I have religious/personal objections, and my child is in good health \_\_\_\_\_  
Signature Date

Indicate all dates of immunizations; state law requires that all immunizations be up to date.

<i>Tetanus/Diphtheria:</i>	<i>Polio:</i>	<i>Measles:</i>	<i>Mumps:</i>	<i>Rubella:</i>	<i>Hepatitis b:</i>
<i>DPT/TD</i>	<i>OPV/IPV</i>				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Health History:

Check if these apply to your child:

- \_\_\_\_\_ Rheumatic Fever
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Epilepsy
- \_\_\_\_\_ Diabetes

\_\_\_\_\_ Behavior (Please describe - i.e., bedwetting, nosebleeds, headaches, sleepwalking, etc.)

### Allergies:

- Aspirin \_\_\_\_\_
  - Penicillin \_\_\_\_\_
  - Other Drugs (list) \_\_\_\_\_
  - Foods (list) \_\_\_\_\_
- (if your child has a severe food allergy please have your youth leader contact us at 231-734-2616 to make arrangements.)

Precautions to be observed: \_\_\_\_\_

Operations or injuries: \_\_\_\_\_

### Medication:

Drug	Purpose	Dosage
_____	_____	_____
_____	_____	_____

### Personal Insurance Information:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group or Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

In the event of illness, parents are completely responsible for any necessary treatment costs incurred. In case of accident or injury, Spring Hill insurance begins where individual and church insurance ends.

In case of emergency call: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

I hereby certify that the above health record is, as of this date, accurate and complete.

\_\_\_\_\_ Date Completed

Signature of Parent or Guardian

(Please turn over to fill out other side or both pages of this form) ➡

**I. LIMITED PURPOSE POWER OF ATTORNEY: CONSENT TO TREATMENT OF A MINOR**

A. The undersigned hereby appoint:

\_\_\_\_\_ (Your Group Sponsor) \_\_\_\_\_ (Your Group Sponsor)  
Todd Leinberger (Camp 44 Director), Tony Schmid (SpringHill Events Team), or Katrina Lechlitner (SpringHill Events Team)

each to act alone, and delegate to each such person the power to consent on our behalf to all emergency treatment and/or medical care (except elective surgery) of \_\_\_\_\_ **(Child's Name)** determined to be necessary or desirable by the child's attending physician at the hospital.

B. This Power of Attorney shall continue until revoked by the undersigned, or for six (6) months after its date, whichever is earlier. Physicians or the hospital's medical staff may assume and rely that this authorization is currently in effect during such six month period unless notified.

**II. LIABILITY WAIVER**

I recognize that certain hazards and dangers are inherent in the SpringHill events and programs and particularly, but not limited to, the activities of horseback riding, swimming, high adventure areas, paintball, extreme sports, winter tubing, snowboarding, ice skating, and cross-country skiing, and I acknowledge that although SpringHill has taken safety measures to minimize the risk of injury to participants, SpringHill cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations, and procedures for the safety of activity participants.

In consideration of SpringHill accepting and permitting my child to attend camp and participate in the camp's high adventure activities, I agree that SpringHill, a non-profit corporation, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to my child, and/or anyone claiming on my child's behalf, and I further agree to hold harmless, indemnify and defend SpringHill, its officers, agents, employees, trustees and volunteers for and from any and all damage during the time of my child's attendance and participation at SpringHill, whether such injury, illness, or damage occurs on or off the camp's premises.

**III. PHOTO RELEASE**

I certify that photographs or videotape pictures of my child participating in the SpringHill programs may be reproduced and utilized in promotional materials for the camp.

DATED: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Name  
\_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip County  
\_\_\_\_\_  
Email Employer  
\_\_\_\_\_

Mother: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Name  
\_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip County  
\_\_\_\_\_  
Email Employer  
\_\_\_\_\_

I represent that I am the parent or legal guardian of \_\_\_\_\_ (child's name), that I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understood the terms of this agreement.

\_\_\_\_\_  
Father/ Guardian Signature Date Mother/Guardian Signature Date

\_\_\_\_\_  
Witness Signature Date Witness Address Witness City State Zip  
(Signature must be witnessed by a person over 18 yrs old, other than your immediate family)