



Cover Sheet for Camper Forms

Camper Name: _____ Age: _____

Instructions: This packet of forms are to be completed by custodial guardians of those attending Horizons Camp for Girls at Mundo Vista. Parents or group leaders must also download the program information document to accompany these forms.

Place this cover sheet on top of your camper's forms and place the forms in the below order. Please attach these forms with a paper clip, **NOT** a staple and bring to check in.

Place forms in this order:

- This cover sheet
- Waiver form signed by custodial guardian
- Completed health history form page 1 signed by custodial guardian
- Completed health history form page 2
- Completed medication form (only if camper will take any prescribed meds here)
- Bring camper medications to check in contained in a labeled durable zip bag

Contact Us:

For payment or pairing:

Linda Hollingsworth

Reservations

336-521-9209

mundovista@caraway.org

Program info & everything else:

Mark Moore

Children's Program Director

336-521-9207

mmoore@caraway.org

www.campmundovista.com



Camp Mundo Vista Waiver Form

This form is to be completed by the parent/legal guardian of those registered for Horizons Camp for Girls

Dates of Camp ___/___/___ to ___/___/___ Camper's Printed Name & Age _____

(Parents, please read these statements to your child or youth to be sure there is an understanding of what is expected. Your signature indicates that you and your child or youth agrees with these statements. This signed form is required to participate at camp)

Agreement to Participate

I understand the program goals and theme of the camp which I will attend and agree to participate in the programs and activities to the best of my ability. I agree and hereby state that I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate, and after due consideration of my own physical health, physical abilities and medical conditions. I have informed the Camp Director, and/or medical personnel of any medical conditions I may have. I further state that in choosing to participate I am not under the influence of any chemical substances including alcohol.

Liability Release

I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the programs and hereby agree to hold Camp Mundo Vista, Caraway Conference Center & Camps, and The Baptist State Convention of NC, INC., its employees, its instructors, facilitators, board members and agents harmless for any liability arising out of my participation in the programs. I have read, or have had read to me, all information regarding the event my camper is attending at Camp Mundo Vista, including policies, procedures, limitations, and possibilities, and have discussed these with my camper as named above. My camper, as named above, has permission to participate fully in all camp activities. (List any exceptions below)

Photography of Campers

Photography/video may be taken of campers as they participate in the Baptist State Convention of NC ministries. These photographs will be used for promotion of these ministries through brochures, web pages, social media, video, and special mailings. At no time will the full names of campers be used in any of these promotions. Your signature gives us permission to use photographs/videos taken at camp for use in promotion of Baptist State Convention ministries. (List exceptions below)

Pick-up Information

Unless otherwise noted, my camper will be picked up by their custodial guardian or church approved driver that brought them to camp.

Other drivers with permission to pick-up camper: _____

If early pick-up needed please list date, time & driver: _____

Parent-Guardian Signature

Parent or Guardian Printed Name

Parent or Guardian Signature

Date

List any exceptions: _____

This form must be completed and signed and must accompany a health history form to participate in camp programs. Please bring it to check in on the first day of camp.



<i>Office Use Only</i>	
Cabin:	_____
Week #	_____
Checked:	_____

Camp Mundo Vista Health History Form 2019

This form is to be completed by the custodial parent or guardian and must accompany a signed waiver to attend Horizons Camp for Girls at Mundo Vista. CAMPERS **WILL NOT** BE ALLOWED TO STAY WITHOUT A **SIGNED** AND COMPLETED WAIVER AND HEALTH HISTORY FORM.

BRING FORM TO CAMP – DO NOT MAIL

Participants Name _____ Birth date _____ Age/Gender _____
last first middle

Home address _____
Street address City State Zip

Custodial parent/guardian _____ Email Address _____

Day Phone _____ Home Phone _____ Cell Phone _____

Home address _____

(if different from above) Street address City State Zip

Are parents Separated? yes no Divorced? yes no Is any parent Deceased? Mother Father

Second parent/guardian/contact _____ Email Address _____

Day Phone _____ Home Phone _____ Cell Phone _____

Home address _____

(if different from above)

If parent/guardian is not available in an emergency, notify:

Name _____ Relationship _____

Day Phone _____ Home Phone _____ Cell Phone _____

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian _____

Printed Name _____ Date _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? yes no Name of insured _____

DOB of insured _____ Carrier or plan name _____

Carrier phone # _____ Group # _____ ID # _____

Payor ID # _____ Insurance Provider Billing Address: _____

HEALTH HISTORY

Allergies List all known.

Medication allergies (list)

Describe reaction and management of the reaction.

Food allergies (list)

Other allergies (list) – Include insect stings, hay fever, asthma, animal dander, etc.



MEDICATIONS

- This person takes NO medications
- This person takes medications on a routine basis (complete the medication form)

Please list ALL medications the camper will take this week (including over-the-counter or nonprescription taken routinely):

LIST OTHER PERTINENT HEALTH HISTORY

Date of latest Tetanus: _____ Date of MMR vaccine: _____

Pediatrician's Name, City, and Telephone number: _____

Dentist's Name, City, and Telephone number: _____

OVER-THE-COUNTER/ AS NEEDED MEDICATIONS

The below over the counter (OTC) medications are provided and are administered to campers as needed by our medical staff. Our medical staff will follow the directions on the label based on age or weight. Indicate which medications your child may receive. We will call for permission to administer any other ingested medications not on this list.

OTC Medication Name (Generics may be used)	Indications	Permission	Comments
Diphenhydramine (Benadryl)	Allergic Reaction	Yes No	
Acetaminophen (Tylenol)	Fever, Pain	Yes No	
Ibuprofen (Motrin)	Fever, Pain	Yes No	
Anti-Itch Cream (Caladryl)	Itching, skin irritations	Yes No	
Chloraseptic throat drops or spray	Sore throat	Yes No	
Pink Bismuth (Pepto-Bismol)	Upset stomach	Yes No	
Calcium Carbonate (Tums)	Heartburn, indigestion	Yes No	
Triple Antibiotic Ointment (Neosporin)	Lacerations, abrasions, etc.	Yes No	

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware. Also list any activities to be encouraged or discouraged.



Medication Form

Please list all medications that a Camper will be taking at camp including prescription and over the counter medications. Please make copies of this form as needed to add more than 3 medications. Bring enough medication to last the entire time at camp only. **Keep the medication in the original packaging/bottle that identifies the prescribing physician** (if a prescription medication), the name of the medication, the dosage, and the frequency of administration. Place medications in a zip bag with camper's full name and age listed on bag. The camp medical staff or nurse (N) will initial form after each medication has been administered. **Attach this form to the health form with a paperclip. Bring the forms and medications to check in, do not pack in camper's luggage.**

Please indicate in the correct box what time to administer each med or give specific additional times:

Full Name of Camper: _____ Cabin: _____

Medication #1: _____

Exact Dosage: _____

DAY	BREAKFAST	N	LUNCH	N	SUPPER	N	EVENING	N	Additional Times	N
Day 1	None		None							
Day 2										
Day 3										
Day 4					None		None			

Medication # 2: _____

Exact Dosage: _____

DAY	BREAKFAST	N	LUNCH	N	SUPPER	N	EVENING	N	Additional Times	N
Day 1	None		None							
Day 2										
Day 3										
Day 4					None		None			

Medication # 3: _____

Exact Dosage: _____

DAY	BREAKFAST	N	LUNCH	N	SUPPER	N	EVENING	N	Additional Times	N
Day 1	None		None							
Day 2										
Day 3										
Day 4					None		None			