



## Medical Form

Group/Church: North Region 4-H Senior Leader Lab/POWER Camp Dates at Camp: June 21 / June 23, 2021

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Parent/Guardian(s) Phone#s: ( ) \_\_\_\_\_;; ( ) \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information

Medical Limitations/Allergies (including allergies to medicines): (use the back of page if needed)

Current Medications with dosage and time to be taken: **All Medications Must be in Original Containers**

Required vaccinations are up to date Yes: \_\_\_\_\_ No: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

I authorize medical treatment as needed for this camper/child. It is understood that this authorization is given in advance of any specific diagnosis or treatment. I hereby waive all claims against and hold harmless the High Plains Retreat Center and its staff/leaders from any liability for any injuries received by this camper while at HPRC and/or participating in HPRC activities or programs. The camper listed has permission to participate in all activities including transportation and water activities, unless otherwise expressed in writing to the group leader and the HPRC staff. I understand that campers who do not cooperate with leaders or abide by camp rules may be asked to leave. Parents will be responsible for transportation and transportation costs if the camper is sent home.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the camper has food allergies, we are happy to help with either a special menu or heating and serving special food that is sent with the camper to camp. Please contact your group's sponsor and the camp staff prior to camp dates to discuss alternate food options.  
email - hprcdirector@gmail.com; phone 806-499-3429