



VET CAMP Health History Information Form

Camper: _____ Age: _____ DOB: _____

Mother: _____ Primary Phone During
Camp Hours: _____

Father: _____ Primary Phone During
Camp Hours: _____

Emergency Contact #1: _____ Primary Phone During
Camp Hours: _____

Emergency Contact #2: _____ Primary Phone During
Camp Hours: _____

Camper's Physician: _____ Primary Phone: _____

Camper's Dentist: _____ Primary Phone: _____

Date of last Exam: _____ Immunizations are up-to-date? Yes No

Please List ALL known medication, food & other allergies:
Allergies: _____

Please list prescribed & over-the-counter meds being taken
Medications: _____

Please list any dietary restrictions your child may have
Dietary Restrictions: _____

Will we need to administer any medications at camp? Yes No If yes, please list instructions:

Description of camp activities from which camper should be exempted for health reasons:

Description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp:

Is there any history of fainting or seizures? Explain. _____

Is your child squeamish about the dentist or around blood? _____

Record of past medical treatment, operations, or serious injury

Insurance Information:

Is the child covered by family/medical insurance? Yes No If yes, name of carrier: _____

Group Policy #: _____

Name of Insured: _____ Relationship to child: _____

VET CAMP Waiver

This health history is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand that Waxhaw Animal Hospital (hereby noted as "WAH") assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in Vet Camp including the use of any equipment. **I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities.** I acknowledge that my child has been medically cleared to participate in activities. **I also understand that there is a risk of injury to my child while participating in activities around animals.** I agree to hold harmless the WAH, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity. I agree to have my child examined within a reasonable time period prior to camp by the family physician stating he/she is free from communicable disease and has not been exposed to such. I hereby give my permission to the medical personnel selected by the WAH Camp Director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the WAH Camp Director to secure and administer treatment including hospitalization for my child. If my child is involved in a Returning Camper session, I hereby give permission for the Director and staff to transport my child to the arranged field trip destination for this year in a 3rd party rental van or another person's vehicle. I understand that no accident or medical insurance is provided with this activity. I give permission to WAH without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting WAH programs to release WAH from any claim of liability to that. If my child requires special accommodations, I understand that I must contact the camp director.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY THE WAXHAW ANIMAL HOSPITAL VET CAMP PROGRAM AND UNDERSTAND THAT THIS FORM MUST BE COMPLETED AND RETURNED TO WAH BEFORE THE FIRST DAY OF MY CHILD'S CAMP PROGRAM IN ORDER FOR HIM/HER TO PARTICIPATE.

Signature _____ Date _____

Completed Waivers May Be Sent		
Via Mail to: Waxhaw Animal Hospital Attn: Vet Camp Director PO Box 275 Waxhaw, NC 28173	Via Scan & Email to: wahvetcamp@gmail.com Please put VET CAMP HEALTH HISTORY in the Subject Line	Via Fax to: Attn: Vet Camp Director 704-843-3629