



New Hope Camp and Conference Center
 4805 NC 86 S
 CHAPEL HILL, NC 27514
 Tel : (919) 942 4716 Fax: (919) 942 3266
 info@newhopeccc.org www.newhopeccc.org

Medical information must be provided for your child to attend camp. It is essential for the camp to have your child's current health information, in order to be able to ensure the safety and well-being of campers during their time at camp. Most recent immunization records must be mailed to the office at NHCCC, 4805 NC86 S. Chapel Hill, NC 27514 or scanned and emailed to info@newhopeccc.org.

Allergies and Dietary Restrictions

Does your child have any allergies? YES NO

YES: Please explain type of allergy and specific reactions:

Does your child require an EpiPen? YES NO

Dietary Restrictions *(the camp cannot accommodate dietary preferences)*

Medications and Treatments

May the following over-the-counter medications be given to your child while at camp?

Medication Name	Allowed Y/N
Acetaminophen (Tylenol)	
Anatacids	
Antihistamines (Benadryl, Diphenhydramine)	
ASA (Aspirin)	
Calamine Lotion	
Cortaid	
Ibuprofen (Advil)	
Insect Repellent	
Pepto-Bismol	
Sting Swabs	
Sunburn Spray (Solarcaine)	
Sunscreen	

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child?

Will your child require any treatments while at camp? YES NO

Please explain what treatment(s) must be given to your child, including the frequency.

Does your child regularly take any medications that will not be taken at camp?

Please list

Health History

Medical Conditions

Has your child experienced, or is currently experiencing, any of the following conditions?

Condition	Yes/No	Details
ADD/ADHD		
Asthma/Inhaler		
Back Pain or Injury		
Developmental Delays		
Diabetes		
Epilepsy		
Hay Fever		
Seizures		
Uses eye glasses or contacts		
Other		

Be sure to fully explain any conditions your child is currently experiencing.

Has your child had any operations? YES NO

Please explain the operation(s), including date(s).

Be sure to fully explain any disease(s) your child currently has.

Has your child ever been hospitalized or had a serious injury? YES NO

Please explain the reason(s) for hospitalization(s) or the serious injury(ies) and the dates they occurred.

It is important to mention any signs of illness that camp staff should look out for.

Please explain what activities must be restricted and list any special accommodations that should be made.

Is there any additional information you would like to add?

Doctor Information

Family Doctor	Name:	Tel #
Family Dentist	Name:	Tel #

Health Insurance

Do you have medical insurance? YES NO

Full Name of Policy

Name Holder Policy

Holder Phone Number

Employer Name (if insured through company)

Insurance Company / Plan Name

Insurance Company Phone

Number Health Insurance Policy

Medical Waiver

I UNDERSTAND THAT CAMP PROGRAMS ARE NOT RISK-FREE. I GIVE PERMISSION FOR MY CHILD TO ATTEND SUMMER CAMP AND PARTICIPATE IN ALL PHASES OF CAMP ACTIVITIES, INCLUDING TRIPS AS RELATED TO CAMP PROGRAM.

I CERTIFY THAT THE INFORMATION HERE IS CORRECT AND GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED IN PRIVATELY OWNED VEHICLES IF NECESSARY FOR APPROVED OUT-OF-CAMP ACTIVITIES OR EMERGENCY TRANSPORT. FURTHER, I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP MANAGEMENT TO PROVIDE ROUTINE HEALTH CARE; TO ADMINISTER MEDICATIONS; TO ORDER X-RAYS; ROUTINE TESTS; TREATMENT; TO RELEASE ANY MEDICAL RECORDS NECESSARY AND TO PROVIDE OR ARRANGE NECESSARY RELATED TRANSPORTATION FOR MY CHILD. I UNDERSTAND THAT IN AN EMERGENCY EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY CAMP MANAGEMENT TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE AGENTS, EMPLOYEES, OFFICERS, AND ENTITIES OF NEW HOPE CAMP AND CONFERENCE CENTER, INC. FROM ANY AND ALL CLAIMS RESULTING FROM INCIDENT, INJURY OR LOSS ASSOCIATED WITH, OR ARISING FROM OUR USE OF THE NEW HOPE CAMP AND CONFERENCE CENTER FACILITY.

Signature

Date
