



Lighthouse Camp- Elementary

June 29-July 3, 2026

Camper Health & Release Forms

This certificate is to be completed and signed by a parent or guardian. This form MUST BE BROUGHT TO CAMP with the camper. Parents/guardians are responsible for calling health needs to the attention of the camp. A physician is welcome to fill in this form if the parent wishes.

CONTACT INFORMATION

Camper Name: _____

Camper Address: _____

City/State/Zip: _____

Age: _____ Grade in Fall 2026: 3rd 4th 5th 6th 7th

Camper T-shirt Size: YS YM YL S M L XL XXL 3X

Parent Name: _____

Parent Email: _____

Parent Phone (1): _____ Parent Phone (2): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Camper Physician: _____ Physician's Phone: _____

IMMUNIZATION INFORMATION

Please note: All campers must have had a Tetanus shot within the last ten years.

Date of Tetanus Shot: _____ Are All Immunizations Current? YES NO

Has there been any recent exposure to a contagious disease? YES NO

If yes, what? _____

GENERAL HEALTH HISTORY

Please check all that apply:

- | | |
|--|---|
| 1. Has been hospitalized | 11. Has fainting or dizzy spells |
| 2. Has had surgery | 12. Has passed out/had chest pains with exercise |
| 3. Has recurrent/chronic illness | 13. Has had "mono" in the last 12 months |
| 4. Has had a recent infectious disease | 14. Has problems falling asleep/sleepwalking |
| 5. Has had a recent injury | 15. Has back or joint problems |
| 6. Has asthma/wheezing/shortness of breath | 16. Has a history of bedwetting |
| 7. Has diabetes | 17. Has problems with diarrhea or constipation |
| 8. Has frequent headaches | 18. Has skin problems |
| 9. Has seizures | 19. Has traveled outside the US in the last 9 mo. |
| 10. Wears glasses or contacts | 20. If female, has problems with menstruation |

Please explain any "checked" answers below, noting the number.

ALLERGY INFORMATION

Medication Allergies: _____

Food Allergies: _____

Environmental Allergies (*insect stings, poison ivy, hay fever, etc.*): _____

Any Other Allergies: _____

MENTAL, EMOTIONAL, & SOCIAL HEALTH

Has the camper:

- | | | |
|-----|----|---|
| YES | NO | 1. Been treated for ADD or ADHD? |
| YES | NO | 2. Been diagnosed with autism? |
| YES | NO | 3. Been treated for depression or anxiety? |
| YES | NO | 4. Been treated for an eating disorder? |
| YES | NO | 5. Seen a professional for mental health concerns in past 12 months? |
| YES | NO | 6. Is this a first-time camper? |
| YES | NO | 7. Had a significant life event that continues to affect the camper's life?
<i>(history of abuse, death of a loved one, family change, adoption, foster care, new sibling, etc.)</i> |

Please explain any YES answers below, as needed, noting the number:

DIET & NUTRITION INFORMATION

Please check all that apply:

No nutritional restrictions

Vegetarian

Lactose Intolerant

Gluten Free

Other: _____

MEDICAL INSURANCE INFORMATION

Insurance Company Covering the Camper: _____

Name of Policy Holder: _____

Policy Number: _____

Group Number (if applicable): _____

Insurance Company Phone: _____

EMERGENCY CONSENT

IN CASE OF AN EMERGENCY, I understand every effort will be made to contact me. In the event I cannot be contacted, I hereby give permission to the physician selected by the camp director or site manager to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature (sign or type in name)

Date

MEDICINES YOU DO NOT WANT YOUR CAMPER TO RECEIVE

Listed below are some medications commonly kept in stock. Please check all medications you **DO NOT WANT YOUR CAMPER TO RECEIVE**. No medications will be given without signed consent of the parent.

Acetaminophen (Tylenol)

Antihistamine/Allergy Medicine

Sore Throat Spray

Antibiotic Cream

Aloe

Saline Eye Drops

Ibuprofen (Advil or Motrin)

Cough Syrup (Robitussin)

Generic Cough Drops

Calamine Lotion

Tums

Other: _____

Parent or legal guardian releases Noel United Methodist Church of any legal liability resulting from the above medications.

Parent Signature (type or sign)

Date

MEDICATION AUTHORIZATION & RELEASE

Camper's Name: _____

Regularly Scheduled Medications

Medication Name	Dosage Given	Time(s) to Be Administered <i>(check all that apply)</i>	
		Breakfast Dinner	Lunch Bedtime

All medications (with the exception of inhalers for severe asthma) will be kept by the camp nurse and distributed to the camper at the designated times listed above.

↓ (This box is filled out by camp directors- leave this blank) ↓

Family Group: _____ Counselor: _____

Dorm: _____ Cabin #: _____

LIABILITY, MEDICAL, & MEDIA RELEASE FORM

Camper's Name: _____

PARTICIPANT GUARANTEE OF HEALTH COVERAGE AND HEALTHINESS

I represent, assert and covenant to Noel United Methodist Church that my child, being a minor under 18 years of age, has eligible health insurance that will cover any accidents or injuries that may be suffered while engaged in Camp. I also warrant and affirm that my child is physically able to engage in the participated activities, and I hereby assume the responsibility of physical fitness and capacity to take part, in any manner whatsoever, in the participated activities.

EMERGENCY MEDICAL TREATMENT AND OTHER PROVISIONS

In the event that emergency medical treatment is required due to illness or injury during my child's participation in camp, I authorize Noel United Methodist Church to secure and retain medical treatment and transportation, if necessary. The authorization alluded to herein includes x-rays, surgery, hospitalization, medication, and any other treatment procedure to be deemed, by the attending physician, for the purposes of saving one's life. However, the expenses or costs incurred in such an event will be the responsibility of the undersigned, and not Noel United Methodist Church. This provision shall only be invoked if the child and all emergency contacts are unable to consent for treatment.

LIABILITY RELEASE (Release of all Claims)

In consideration for being accepted by Noel United Methodist Church - for participation in Lighthouse Camp, we(I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Noel United Methodist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while the said child is participating in Lighthouse Camp. Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said entity, its directors, employees and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

MEDIA RELEASE

I give permission for Lighthouse Camp and Noel United Methodist Church, including their staff and volunteers, to take photos, videos, or digital recordings of my child. These images may be used in camp-related materials, including the Lighthouse Camp Facebook page and the Lighthouse Camp page on Noel UMCs website.

I HAVE READ THE ABOVE RELEASE, UNDERSTAND WHAT I HAVE READ AND SIGN IT VOLUNTARILY.

Signature of Camper (type or sign)

Printed Name

Date

If the above-named person is a minor, the undersigned hereby acknowledges and agrees to this Release for and on behalf of said minor, and acknowledges, agrees and certifies that the undersigned are the legal guardian(s) of the above-named minor

Signature of Parent/Guardian (type or sign)

Printed Name

Date