



Medical Form

Group/Church: _____ Dates at Camp: _____ / _____

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