

Cross Trails Ministry Health History Form

Please complete and return form as soon as possible. This form must be in by May 1st.

Mail to: Registrar, 391 Upper Turtle Creek Road, Kerrville, TX 78028 or FAX 830-257-3060

Camper's Name _____	Birth Date ____/____/____	Age ____
Last Name First Middle Initial		
Camper's Address _____	City _____	St. ____ Zip ____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Program and week attending: _____		

Please list parents/guardians with legal custody to be contacted in case of illness or emergency.

Custodial Parent #1 _____	Home Phone _____
Work Phone _____	Cell Phone _____
Address _____	City _____ St. ____ Zip ____
Custodial Parent #2 _____	Home Phone _____
Work Phone _____	Cell Phone _____
Address _____	City _____ St. ____ Zip ____

If there are any special circumstances you feel Cross Trails Ministry needs to be aware of, please attach a separate note.

If not available in an emergency please notify _____

Relationship to Participant _____ Phone _____

Insurance Information:

Is the participant covered by family medical/hospital insurance? Yes No

Name of Insurance Company _____

Policy Number _____ Company Phone Number _____

Note: Cross Trails Ministry carries secondary insurance only, you are responsible for all primary coverage.

Health History

Medication Allergies	Describe reaction and management of that reaction
Food Allergies	Describe reaction and management of that reaction
Other Allergies	Describe reaction and management of that reaction

Dietary Restrictions: Does not eat: Dairy Products Meat Eggs Other _____

Physical Restrictions to activity: _____

Current Medications

Please list ALL medications taken routinely and attach a separate sheet if there are more than three. All prescription medications must come to camp in original containers with a label that identifies the prescribing physician, the name of the medication, the dosage and the frequency of administration.

Medication	Dosage	Time(s) of day taken	Reason for taking medication
1			
2			
3			

Over the Counter Medication

The following are medications that we keep on hand at camp. Please place a check by all of the medications that you are comfortable with us giving your child. All medications are given according to instructions found on the medication and per Camp Physicians' Protocol.

- | | | |
|--|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Sore Throat Spray | <input type="checkbox"/> Generic Cough Drops |
| <input type="checkbox"/> Ibuprofen (Advil, Motrin) | <input type="checkbox"/> Antihistamine/Allergy Medicine | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Robitussin or equivalent | <input type="checkbox"/> Laxatives for constipation |
| <input type="checkbox"/> Benadryl Cream | <input type="checkbox"/> Robitussin DM or equivalent | |

General Questions: Please circle Yes or No (explain all Yes answers in space provided below).

Has/does the participant:

01. Had a recent injury, illness or infectious disease?.....Yes / No	15. Ever been diagnosed with a heart murmur?.....Yes / No
02. Have a chronic or recurring illness/condition?.....Yes / No	16. Ever had back problems?.....Yes / No
03. Ever been hospitalized?.....Yes / No	17. Ever had problems with joints?.....Yes / No
04. Ever had surgery?.....Yes / No	18. Bringing an orthodontic appliance to camp?.....Yes / No
05. Have frequent headaches?.....Yes / No	19. Have any skin problems (acne, rash etc.)?.....Yes / No
06. Ever had a head injury?.....Yes / No	20. Have diabetes?.....Yes / No
07. Ever been knocked unconscious?.....Yes / No	21. Have asthma?.....Yes / No
08. Wear glasses, contacts or protective eye wear?.....Yes / No	22. Had mononucleosis in the past 12 months?.....Yes / No
09. Ever had frequent ear infections?.....Yes / No	23. Had problems with diarrhea/constipation?.....Yes / No
10. Ever passed out during or after exercise?.....Yes / No	24. Have problems with sleep walking?.....Yes / No
11. Ever been dizzy during or after exercise?.....Yes / No	25. Have a history of bed wetting?.....Yes / No
12. Ever had chest pain during or after exercise?.....Yes / No	26. Ever had an eating disorder?.....Yes / No
13. Ever had seizures?.....Yes / No	27. Ever had emotional difficulties for which professional help was sought?.....Yes / No
14. Ever had high blood pressure?.....Yes / No	28. Has your child ever been homesick?.....Yes / No

Please explain any “yes” answers, noting the number of the questions. _____

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should be aware. _____

Which of the following has the participant been diagnosed with:

- Measles Chicken pox German measles Mumps Hepatitis A Hepatitis B Hepatitis C

Date of last Tetanus shot (month/year) _____/_____

Please check the vaccinations that the camper has had: DTP, TD, Polio, MMR, Influenza B, Hepatitis B, Varicella

I attest that all immunizations required for school are up to date.

I attest that I voluntarily do not vaccinate my child and will sign the Cross Trails Ministry Vaccination Waiver.

Name of Family Physician: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Camper Authorization & Release: Must be signed in order to participate.

Authorization:

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer over the counter medications as indicated on the back of this form, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. I give permission for camp health care personnel to release appropriate health care information to my child’s cabin leader and/or pastor. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Release:

The staff at Cross Trails Ministry is dedicated to the well being of your child. As such we will not release your child at the end of the camp week to anyone not specified on this form. Even if you are planning on picking up your child yourself, please list at least one person that you may send in the event of an emergency. Campers may always be released to parent/guardians unless otherwise indicated. If a parent/guardian is not to pick up your child, or if there is other pertinent information that you wish our staff to be aware of, please let us know in writing. **If your child is coming as part of a group you may list the group leader’s name or “adult sponsor from your congregation’s name”.** I hereby authorize the staff of Cross Trails Ministry to release my child to the following person(s):

I plan on picking up my child from camp.

An Adult Sponsor(s) from my congregation who is attending the camp week with my child will take my child home from camp.

_____ has my permission to pick up my child from camp.
 Name & Relationship to Camper

_____ has my permission to pick up my child from camp.
 Name & Relationship to Camper

Signature of Parent/Legal Guardian _____

Printed Name _____ **Date** _____

**Southwestern Texas Synod Outdoor & Retreat Ministries
d.b.a. CROSS TRAILS MINISTRY**

AGREEMENT TO PARTICIPATE, ASSUMPTION OF RISK INDEMNITY AGREEMENT AND RELEASE OF LIABILITY

PARTICIPANT'S NAME: _____

Whereas, the above named participant (hereinafter referred to as "participant") wishes to be accepted for participation and take part in programs (hereinafter referred to as "Programs") to be organized, conducted, and supervised by Cross Trails Ministry of Kerrville, Texas and Harper, Texas (hereinafter referred to as "Cross Trails Ministry"), and in consideration of Cross Trails Ministry's action in allowing participant in such Programs:

The undersigned, as legal guardian of participant, acknowledges that during the said Programs that participant has requested to participate in, certain risks and dangers may occur. These include, but are not limited to the hazards of physically demanding activities, horse back riding, ropes courses and aquatic activities, accident or illness in remote places without medical facilities and the forces of nature. The undersigned further recognizes that these risks may include loss or damage to personal property, physical or psychological damage, and/or injury not excluding fatality due to accidents, which may occur. The undersigned further understands that in participating in the Programs that participant is requesting to participate in, participant will be exposed to the elements of nature, including temperature extremes and inclement weather.

In consideration of, and for the right to participate in, Programs and services arranged for participants by Lutheran Camp Chrysalis and Ebert Ranch Camp, its Owners, Trustees, Directors, Officers, Employees, Agents, and/or Associates (hereinafter all called "Cross Trails Ministry"), the undersigned hereby **ASSUMES ALL THE ABOVE RISKS AND ANY OTHER ORDINARY RISK INCIDENTAL TO THE NATURE OF PROGRAMS WHICH ARE NOT SPECIFICALLY FORESEEABLE. THE UNDERSIGNED ALSO AGREES TO AND SHALL HOLD HARMLESS AND UNCONDITIONALLY INDEMNIFY CROSS TRAILS MINISTRY, ITS OWNERS, TRUSTEES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR ASSOCIATES FROM AND AGAINST ANY AND ALL ACTIONS, CLAIMS, LOSSES, COSTS, DAMAGES, EXPENSES, AND LIABILITY OF ANY AND EVERY KIND (INCLUDING, BUT NOT LIMITED TO, ATTORNEY'S FEES) FOR ANY AND ALL INJURIES TO OR DEATH OF ANY PERSON, INCLUDING, BUT NOT LIMITED TO, PARTICIPANT, OR DAMAGE TO OR LOSS OF ANY PROPERTY DIRECTLY OR INDIRECTLY ARISING OUT OF OR CAUSED BY OR CONNECTED WITH OR INCIDENTAL TO OR RESULTING FROM PARTICIPANT'S INVOLVEMENT IN THE PROGRAMS INCLUDING, BUT NOT LIMITED TO, ANY ACT, OMISSION OR NEGLIGENCE OF CROSS TRAILS MINISTRY OR ITS OWNERS, TRUSTEES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR ASSOCIATES, REGARDLESS OF WHETHER OR NOT IT IS CAUSED IN WHOLE OR IN PART BY A PARTY INDEMNIFIED HEREUNDER.**

The undersigned hereby gives permission and authorizes medical personnel selected by Cross Trails Ministry or its agents to provide and medical care for participant, which they believe to be required. This authorization is unlimited in scope including, but not limited to, authority to order injections, anesthesia, surgery, and other invasive medical procedures. The undersigned also understands and agrees to assume full financial responsibility for paying all costs and expenses associated with the provision of medical care for participant. Furthermore, the undersigned also agrees to assume full financial responsibility of any costs associated with any specialized means of evacuation necessary to transport participant to an appropriate medical care facility. The undersigned affirms that the health of participant is good and there is no ongoing physician's care or treatment for any undisclosed condition that bears upon participant's fitness to safely participate in the activities of Programs. In addition, certain health and medical information must be made known to the staff conducting the Program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence.

The undersigned also states that participant is not under, and will not be under, the influence of any chemical substances other than prescribed medication: including alcohol. The undersigned further states that any medication participant may be taking will not affect participant's full participation in Programs or affect participant's personal safety or the safety of others. The undersigned also understands that the participation of participant is entirely VOLUNTARY. Participant enters into this activity and takes full responsibility for their decision to participate, or not to participate, and agrees to follow all safety instruction and rules.

Both parties irrevocably consent and submit to the jurisdiction and venue of the State and Federal Courts having jurisdiction of Kerr County, Texas in connection with any suit, action, or other proceeding concerning this Agreement and Release. If any dispute results, then both parties agree to binding arbitration. If any dispute provision of this Agreement and Release is found to be unenforceable by a Court of the last resort, it is the parties' intention that the Court should reform the unenforceable provision so as to best approximate the parties' intent, and to enforce the provision as reformed. **TEXAS LAW SHALL APPLY TO THIS AGREEMENT and its VALIDITY, CONSTRUCTION, INTERPRETATION, NEGOTIATION, PERFORMANCE, DEFAULT AND/OR ENFORCEMENT.**

WARNING: Under Texas Law (Chapter 87, Civil Practice and remedies Code), an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Agreement and Release for participation starting _____ and ending _____
Date Date

Signature of Participant if over age 18 or Parent/Legal Guardian Print Name Date