

CAMP LONGHORN PIT STOP

Camp Longhorn Inks Lake

1 Camp Longhorn Rd.
Burnet, TX 78611
512 793-2811 ext. 211
contact: Deidra Robertson

Camp Longhorn Indian Springs

1000 Indian Springs Rd
Burnet, TX 78611
512 756-4650 ext. 102
contact: Rosa Ontiveros

Dear Parents,

Camp Longhorn makes every effort to provide the best medical care for our campers. In order to do so, we require a medical form each year. Please note that we cannot use forms from the previous year because information changes and signatures must be current. In order to share in the responsibility of caring for your child at camp, we must have complete and accurate information on hand.

Our camp medical form consists of 4 pages. The following information is required for each page:

- Page 1** is a general information/health history/authorization page. Please complete and sign this page as requested. Forms that are not signed or completed will be sent back.
- Page 2** consists of the immunization record and physical exam form. We do not keep immunization records on file from year to year. We must have up to date information so please send or fill out completely each year. If you answer "YES" to any questions on page 1 concerning the health history, we do need a health examination by a licensed physician.
- Page 3** is new this year. It is a parent/camper agreement. Please read carefully. We are requiring a signature from both the parent and camper.
- Page 4** requests the insurance information. If you are self insured, please indicate so on the page.

The reverse side of this page explains in detail how medications are to be sent to camp. There is also explanation about Pit Stop supervision and care. We ask that you read this information carefully.

Thank you in advance for your attentiveness to these forms.

ATTAWAYTOGO!
Camp Longhorn Pit Stop

PLEASE TURN PAGE OVER FOR ADDITIONAL INFORMATION

2010 CAMP LONGHORN MEDICAL FORM

Please return by: May 1, 2010

BRANCH: *Please circle one*
 Inks Lake Indian Springs
TERM: 1st 2nd 3rd 4th

Camper's Name _____ Age _____ Sex _____
Last First MI

Home Address _____ Birthdate _____
Street & Number City State Zip

Parent or Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____

Second Parent or Guardian or Emergency Contact _____ Home Phone _____

Address (If different from above) _____ Cell/Work Phone _____

Other Emergency contacts:

Name _____ Home Phone _____

Address _____ Cell/Work Phone _____

CAMP LONGHORN MEDICAL QUESTIONNAIRE AND HEALTH HISTORY

PARENTS: Please read this questionnaire before filling out or signing. Please answer the following questions on your camper's past or present medical history by circling a **YES** or **NO**. If any of these items apply with a **YES** response, your physician must fully complete the second page of this form – Health Examination by Licensed Physician. This must be done prior to participating in camp activities.

DOES YOUR CAMPER CURRENTLY HAVE OR EVER HAD THE FOLLOWING:

YES	NO	Asthma? (Severe form only) If activity induced please indicate here _____
YES	NO	Back or spinal surgery, recurring back problems?
YES	NO	Back, arm, leg problems following surgery, injury or fracture?
YES	NO	Behavioral health, mental or psychological problems?
YES	NO	Blackouts or fainting (full/partial loss of consciousness)?
YES	NO	Bleeding/Clotting disorder?
YES	NO	Diabetes?
YES	NO	Dysentery or dehydration requiring hospitalization or medical intervention?
YES	NO	Ear disease or surgery, hearing loss or problems with balance?
YES	NO	Ear infections (frequent)?
YES	NO	Epilepsy, Seizure, Convulsions or take medication to prevent them?
YES	NO	Frequent colds, sinusitis or bronchitis?
YES	NO	Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
YES	NO	Frequent or very severe hay fever or allergy attacks?
YES	NO	Head injury with loss of consciousness in past 5 years?
YES	NO	Heart defect/disease?
YES	NO	Heart surgery, angina, or blood vessel surgery?
YES	NO	High blood pressure or take medicine to control blood pressure?
YES	NO	Inability to perform moderate exercise?
YES	NO	Kidney disease/injury
YES	NO	Lung disease or injury?
YES	NO	Recurring complicated migraine headaches or take medicine to prevent them?
YES	NO	Ulcers?

Childhood Diseases:

Chicken Pox _____

Measles _____

German Measles _____

Mumps _____

Allergies

Ivy Poisoning _____

Insect Stings _____

Other: _____

Food/Drug Allergies:

Surgery History:

Medication to be taken at camp:

Acknowledgement of Review of Notice of Privacy Practices

I have reviewed this office's notice of Privacy Practices (HIPAA) online (www.camplonghorn.com) which explains how my medical information will be used and disclosed. I authorize any physician, nurse or health care provider, to communicate with the medical staff and director of Camp Longhorn, or his/her designee about my child's medical condition, treatment and/or prognosis.

Permission to Treat

The information I have provided about my child's medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions. The person listed above has permission to engage in all camp activities.

I hereby give Camp Longhorn permission to:

1. Provide ongoing health care, including but not limited to basic or emergency first aid, administration of medication brought from home, prescribed by camp physician, or over the counter medication that may be provided by camp.
2. Select medical personnel to order X-rays, routine test or other out of camp treatment for the person listed above.

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for the person named above. This form may be photocopied for use out of camp.

Signatures of parents or guardians: _____ Date: _____

Signatures of parents or guardians: _____ Date: _____

PLEASE COMPLETE OR SEND IMMUNIZATION RECORD

IMMUNIZATION HISTORY

Please record the date (month & year) of basic immunizations and most recent booster doses. Parents are responsible for omissions

VACCINES	YEAR OF BASIC IMMUNIZATION	YEAR OF LAST BOOSTER
Diphtheria Pertussis (Whooping Cough) } DPT Tetanus	1 2 3	1 2
or Tetanus Diphtheria } TD or		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles		
Mumps		
Rubella (German measles, 3-day measles)		
Varicella (Chicken Pox)		
Hepatitis B Series	1. 2. 3.	
Tuberculin test given _____ (most recent)		

PLEASE NOTE:

AN EXAM IS NEEDED ONLY IF YOU ANSWERED "YES" TO ANY OF THE HEALTH HISTORY QUESTIONS

HEALTH EXAMINATION BY LICENSED PHYSICIAN:

Date Examined: _____ Height _____ Weight _____

The applicant is under the care of a physician for the following condition(s):

Does the above condition prevent his/her participation in any camp activities? Yes _____ No _____

If yes, list activities in which camper may not participate: _____

Current treatment (*include current medications*): _____

Explanation of any reported loss of consciousness, convulsion, or concussion: _____

Does applicant have epilepsy? Yes ___ No ___ Does applicant have Diabetes? Yes ___ No ___

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP:

Any treatment to be continued at camp: _____

Any medication to be administered at camp (*specific doses*): _____

Any Allergies (food, drugs, plants & insects, etc.): _____

Type of reaction: _____

Additional Health Information: _____

Licensed Physician's

Signature: _____ Phone: _____
Area/Number

Address: _____
Street & Number City State Zip

Date of Form Completion: _____ *By: _____

*Initial if completed by nurse or physician's assistant.

CAMP LONGHORN PARENT/CAMPER AGREEMENT

Please read this carefully; it contains information about the Camp Longhorn experience and affects your legal rights, and those of your camper, in the event of an injury or other loss. It must be signed by the camper and by at least one parent (preferably both) or legal guardian. The parent or legal guardian signs for himself or herself and on behalf of the camper.

ACTIVITIES AND RISKS

In consideration for Camp Longhorn providing its facilities, services and activities, I, parent, for myself and for camper, acknowledge and agree:

Camp Longhorn offers a variety of activities (a full list is available at www.camplonghorn.com) in a rugged outdoor environment consisting of hilly, rocky terrain near natural bodies of open water. There is the possibility of an encounter with harmful plants, snakes and other creatures that sting or bite all common to the Texas Hill Country. Additionally, Camp’s program includes activities which carry inherent risk from contact with objects or other campers. Campers will be daily involved in vigorous water activities in pools and natural lakes. Camp activities may include travel off premises in Camp’s vehicles operated by Camps drivers. Campers at Indian Springs will have horseback as an activity. Camp Longhorn is obligated by Texas law to provide to persons participating in horseback activities the following: “Warning; Under Texas law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.” Campers may suffer, among other injuries and ailments, cuts, fractures, sprains, insect, reptile and animal bites, plant and other allergies, food and water related ailments, trauma from contact with other persons and objects, emotional upset and in extraordinary cases, death, including by drowning. These risks are inherent in outdoor activity and are such a part of the entire Camp Longhorn experience that if Camp were to eliminate them, the experience would be quite different from what our camp parents and campers expect.

ACKNOWLEDGEMENT AND ASSUMPTIONS OF RISK

I have read, discussed with my camper and understand the description of Camp activities in this document and in other materials provided by Camp Longhorn. For myself and on behalf of my camper, I acknowledge and assume the risks and dangers described above, and all others associated with my camper’s enrollment and participation in the activities of Camp Longhorn.

RELEASE AND INDEMNITY

Parent for him or herself, and, to the maximum extent allowed by law, on behalf of the camper, agrees:

- a) To release and not to sue Camp Longhorn, its owners, directors, staff with respect to any and all liability and claims, for property loss, personal injury, death or otherwise arising in whole or part from campers enrollment or participation in Camp activities or presence on Camp premises.
- b) To hold harmless and indemnify the released parties from and against all claims, by whomever they may be brought (including family members, fellow campers, and others) arising in whole or part from a loss incurred by a camper or caused by a camper related to his or her enrollment or participation in Camp activities on or off Camp premises.
- c) These agreements of release and indemnity include, but not exclusively, claims based in whole or part on a released party’s alleged or actual negligence (but not gross negligence or intentionally wrong conduct.)

OTHER

- a) It is imperative that campers abide by the rules and expectations of Camp Longhorn for their safety and that of their fellow campers and may be dismissed from camp, and sent home, in the event of violations of these or other requirements of camp administration.
- b) From time to time it will be required that Camp’s doctors and nurses administer routine medical care. Parents will not always be notified unless a camper must be sent for outside care. In a situation which the camp considers a medical emergency and parents cannot be reached, camp directors are hereby granted permission to secure medical treatment for camper, which may include but is not limited to hospitalization, surgery, ordering injections, anesthesia and other medical care, including exchanging medical information with a third party caregiver.
- c) If a dispute arises between a camper or parent and camp which cannot be resolved by agreement, parent for himself and on behalf of the camper, agrees that the dispute will be resolved exclusively by binding arbitration in Burnet or Llano Counties, Texas, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of Texas.
- d) Parent hereby give permission to the camp to use photographs, videos or other images of camper for such purposes as the camp deems appropriate, including promotion and marketing of the camp.

Parent/Guardian Signature _____	Camper Signature _____
Parent/Guardian Signature _____	Date _____

PLEASE TAPE A COPY OF YOUR INSURANCE CARD(S) HERE.

FRONT
MEDICAL INSURANCE CARD

BACK
MEDICAL INSURANCE CARD

FRONT
PRESCRIPTION CARD

BACK
PRESCRIPTION CARD

Insurance Name _____
Medical? _____ Prescription? _____
Card ID # _____
Group # _____
Med. Ins. Phone# _____
Prescription Phone# _____
Pre-Certification Phone# _____

Insurance Name _____
Medical? _____ Prescription? _____
Card ID # _____
Group # _____
Med. Ins. Phone# _____
Prescription Phone# _____
Pre-Certification Phone# _____

MEDICAL CARE INFORMATION

PLEASE NOTE: The Medical form MUST be in our office by May 1st. Your child will not be permitted to participate in activities until we have a signed Medical Form

Camp Longhorn, LTD. is licensed under the Texas Youth Camp Safety and Health Act. Our "Pit Stop" (infirmary) staff provides excellent health and medical care. **We require the parents fill out a medical history questionnaire. If "YES" response is given to any of the questions, a physician's signature or physical is required before participating in camp activities.**

The Pit Stop is open 24 hours a day with a staff of qualified personnel headed by our RN's. Camp's attending physicians make sick call every morning of the camp term. In the event a camper should require hospitalization, that child will be taken to **Seton Highland Lakes** in Burnet.

Camp Longhorn provides very close supervision and has superior camp medical care. Routine medical care by our infirmary staff and attending physicians is covered by camper tuition. *All additional expenses for treatments/procedures including but not limited to sutures, casting, prescription medication, etc. will be the responsibility of the parent.*

PLEASE PROVIDE A FRONT & BACK COPY OF YOUR MEDICAL INSURANCE AND PRESCRIPTION DRUG CARDS(s)

MEDICATIONS:

Includes pills, liquids, vitamins, patent, prescription or holistic remedies. If you are sending any medications with your child to camp:

- ❖ Please send all medication in the original container. **Camp Nurses cannot dispense prescription medication unless it is in the pharmacy labeled bottle – or box – i.e. inhalers, nasal spray. Please do not send medication in zip lock bags or daily/weekly pill containers.**
- ❖ **All medication** (prescription or over-the-counter) will be kept in the Nurse's Station (Pit Stop). Please make sure all is labeled with camper's name.
- ❖ On Page 1 of the medical forms under "Medications to be taken at camp", list all medications your child will be taking. It also helps to know the medical condition of your child and why they are taking the medication. If your child is put on medication after the form is sent in, please send medicine on opening day with a note. You may give the medicine to the bus counselor, mail in advance or hand deliver to Pit Stop.

We will notify you if your camper requires treatment from an off-premises provider, or when recommended by the Camp Doctor. Campers occasionally are kept overnight in the infirmary as a precaution. We will notify you of this only if the Camp Doctor deems it necessary. If you plan to be away from home while your child is with us, please list a phone number where you can be reached or someone you would like for us to call. You may call our staff RN's any time during the day or until 9:00 p.m. at night, or at any time for emergencies.

The **Inks Lake infirmary telephone number** is (512) 793-2811 (ext. 242).

The **Indian Springs infirmary telephone number** is (512) 756-6050.

Extra Medical forms can be downloaded from our web site: www.camplonghorn.com

PLEASE KEEP THIS PAGE FOR REFERENCE.