

Strong River Health Certificate

Camper's Name _____ Session _____

Date of Birth _____ Boy/Girl _____ Age _____

Address _____

City, ST, Zip _____

Primary Parent Contact Info

Secondary Parent Contact Info

Name _____

Name _____

Relationship to camper: _____

Relationship to camper: _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

If not available in an emergency, notify:

Name _____ Phone _____

Does your child have any health problems? _____

Is your child on any medications? _____

Bring all medications to camp in original Prescription containers!

Does your child have any wounds which will require dressing/bandaging? _____

(if yes, please bring the necessary supplies)

Allergies: Hay Fever Milk Insect Stings Peanuts Penicillin Other? _____

Are you bringing an Epi-Pen? _____

Are Immunizations current? Yes No

Tetanus ? (e.g. DTaP, Td or Tdap) Yes No Date: _____

If your child was exposed to any communicable disease (Strep throat, Stomach flu, Cellulitis, Pink eye, etc.) in the week prior to coming to camp please notify the camp medical staff at check-in.

Comments: _____

Insurance Company _____ Policy # _____

Physician Name _____ Phone# _____



Please return signed form to camp

Parental Consent and Agreement

Strong River Camp & Farm offers an exciting variety of activities that many children do not encounter in today's urban environment. These include such things as horseback riding, balancing on birling logs in a pond, cooking on an open fire, hiking, hayrides in open wagons, archery, and many activities in the Strong River itself (canoeing, swimming, tubing, a water slide into the river, etc.). We also offer ropes courses with both high and low elements, a climbing wall, a zip line, tree bridges, etc.

The Camp is committed to the safety of its campers and is proud of its record. In addition to general staff training on safety issues, all core staff receive Red Cross certified CPR and First aid training, plus specialized training either in lifeguarding or ropes.

Parents must understand, however, that the nature of these recreational activities will always involve risk of accident and injury. If you desire to restrict your child from participation in any of these specific activities, please attach to this form a written note to that effect.

The Camp maintains an Infirmary with a very limited medical staff. The medical staff stores and dispenses any medications that campers bring with them, and attends to minor injuries such as cuts, bruises, poison ivy, etc. By signing below, parents give permission to the Camp to provide any medical care advised by the medical staff, including referral to a clinic or emergency room if deemed necessary. Parents also acknowledge that they are financially responsible for any medical care beyond that provided by the Camp medical staff at the Infirmary.

In consideration of the Camp accepting your child as a camper, you acknowledge the risks involved and you hereby accept and assume them; you waive, release, and discharge the Camp from any and all claims for damage of whatever kind, even if such damage is caused by any perceived negligence; you covenant not to bring suit of any kind against the Camp; and you agree to defend, indemnify, and hold the Camp harmless from any claim or suit that might be brought against the Camp by or on behalf of your child. You make these commitments for yourself, your child, your heirs and assigns, and any other person acting for or on behalf of you and/or your child. These protections extend not only to Strong River Camp & Farm but also to its affiliates, owners, officers, employees, agents, and any other person participating in the Camp activity. By signing below, you confirm your agreement to all of these terms and further acknowledge that this agreement is to be construed under Mississippi law.

Name of Child: _____ Session: _____

Parent's Signature: _____ Date: _____