

2019 Montana Youth Range Camp Application

Camper's Name: _____

Camper's Age: _____ Date of Birth: _____ Sex: M _____ F _____

Parent/Guardian Name: _____

Address: _____

Email address: _____

Phone: Home _____ Cell _____ *What is the best number to reach you?*

Would you like to be put in contact with other parents to carpool? Yes _____ No _____

Range Experience: Beginner _____ Intermediate _____ Advanced _____

First Time MT Youth Range Camp Camper: _____ Returning Camper: _____

T-Shirt Size: Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

Medical Coverage and Health Form

Family Physician: _____ Phone: _____

Medical Insurance Coverage: _____ Policy Number: _____

1. Does the camper have any physical complaint or chronic illness at this time? YES _____ NO _____
2. Is the camper under the care of a doctor for any reason? If so, for what reason? YES _____ NO _____
3. Taking medications of any type? If so, what medicine, dosage, time intervals. YES _____ NO _____

Medication	Dosage	Time Intervals

***Camp staff will hold and dispense medication following written instructions.**

Additional Comments:

4. Does the camper have or had?
 - a. Diabetes (please include directions for simple diabetes related care) YES _____ NO _____
 - b. Tetanus Shot (if not, it is recommended that you do so prior to camp) YES _____ NO _____
 - c. Asthma YES _____ NO _____
 - d. Allergies (medical, drug, food, insect, other) YES _____ NO _____

***Medication to counteract allergic reaction must be provided by the Parents or Guardians.**

Please specify allergen (s) _____

Type of reaction (s) _____

Camper's Name: _____

5. Does the camper have any diseases that are communicable through the types of incidental contact?
If so, what? _____ YES _____ NO _____

I am of the opinion that the above named camper can safely participate in this event and that he/she has no contagious or communicable disease. His/her health is: Poor _____ Fair _____ Good _____

6. Does the camper have any medical problems or special needs of which we should be aware? If so, what? _____ YES _____ NO _____

7. Does the camper wear Medic Alert tags? If so, give reason/medical condition. YES _____ NO _____

8. Does the camper have any special dietary needs? If yes, please describe. YES _____ NO _____

SICK POLICY:

I agree if my child becomes ill at camp, it is my responsibility to come and get my child from camp. I grant camp staff the right to determine if my child is too sick to stay and risk getting other campers and staff sick.

I grant camp staff permission to dispense over-the-counter pain relief drugs, such as Tylenol, Advil, ibuprofen, antacids, antihistamines, cough syrup, cough drops, etc. in accordance with label instructions. If your child regularly takes any of these, please have them bring their own. If there is anything you do not want your child to take, please specify: _____

At least three emergency contact information numbers must be documented for each child attending the camp. All emergency contact persons must be certified as authorized by the parent or legal guardian to pick up the child should an emergency arise or if the child needs medical attention or to be expelled from camp due to disruptive behavior problems.

Name: _____ Relationship to Child: _____ Phone: _____

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I understand that I will be responsible for payment to replace or repair any equipment belonging to the camp facility or to Montana Youth Range Camp that is lost, used or damaged while in camper's use.

I hereby give my consent for the above named individual to attend this event. In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure proper treatment (including emergency surgery).

Parent / Guardian signature

Date