

AIDC - Health History Form 2019

PART 1

Name: _____ Age: _____ Gender: _____

Cell Phone: _____ Home Phone: _____

List 1 emergency contacts that will be available during camp time with name, phone number and relationship to Camper:

Do you have Medical/ Hospital Insurance? Yes _____ No _____

Insurance Carrier: _____ Policy #: _____

Insurance Carrier Phone Number: () _____ Policy Holders Name: _____

Doctor(s) Name: _____ Phone #: _____

PART 1

Camp Policy regarding Medication, read carefully.

Are you currently taking non-prescription medication? Yes _____ No _____

1. Upon arrival at camp, Campers must provide information on ALL medications (prescription and non-prescription) to the Camp Nurse.
2. Campers ARE PERMITTED to carry their own medications (prescription and non-prescription) with them.
3. Campers are responsible for their own dosing times and schedule for taking medications.

PART 2

List any allergies: Medications Food Dust Plants Insects Hay Fever Other: _____

Please be specific in describing what reaction you have to *each* allergy: _____

Are your Immunizations up to date? YES NO (if no please state why)

Special Diets:

Menu is designed with Campers in mind. Please list if you are on a special diet. (i.e. vegetarian, diabetic, lactose free, etc.)

PART 3

Do you consider yourself to be in good health? YES NO (if no please state why)

Do you have any significant or recent fracture, sprain or orthopedic condition? Any Dance related injuries?

Do you require the use of any orthopedic device, brace or bandage? If yes, please clarify (be sure to bring devices with you to camp)

Participant Release & Waiver/Authorization for Treatment

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I (signed below) hereby grant the permission necessary to allow _____ to participate in the above Irish Dance Camp (hereinafter "Camp") to be conducted by Thomondgate Productions, Inc. d/b/a Irish Dance Summer Camp. I, in my own behalf, further agree to release and hold harmless Thomondgate Productions and Camp and their respective attorneys, officers, employees, directors, instructors, volunteers, and if applicable, owners and lessors of premises used to conduct the Camp (hereinafter collectively referred to as "Releasees") from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that I may incur or sustain during the Camp, including any claim arising out of or connected with any activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me _____ or by any other persons on the account of damages on any character resulting in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand. I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Medical Release. I acknowledge and agree, in my own behalf, that such participation subjects me _____ to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf, acknowledge that the I am assuming the risk of such illness or injury by participating in the Camp. I hereby give permission to the Medical Personnel selected by the Thomondgate Productions to order x-rays, routine tests, treatment and necessary related transportation. In the event that I cannot be reached in an emergency, I hereby give permission to the Physician selected by the Thomondgate Productions to secure and administer treatment, including hospitalization. I hereby hold the Directors, Staff and Volunteers, and if applicable, owners and lessors of premises used to conduct the Camp (all of which are hereinafter referred to as "Releasees") harmless in the exercise of any such authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred for any illness or injury that I _____ may sustain during the Camp and while traveling to and from the site for the Camp whether on not the Camp actually occurs.

Health and Wellness Committee must evaluate campers Health History prior to final acceptance

I certify to the best of my knowledge that all the information submitted by me is true and correct. I have read the above policy, and Participant Release & Waiver/Authorization for Treatment and agree to follow the guidelines outlined.

The person herein described has permission to engage in all prescribed camp activities except where noted.

Signature: _____ Date: _____

Print Name: _____

Please note the following before Camp Attendance

- You are responsible for any injuries or conditions sustained during camp week
- We will supply a Camp Nurse (RN) and we will also have an Infirmary available for use
- Our Infirmary will supply OTC medications (over the counter), which is in addition to any medications you will bring. We will have ice readily available if you should need. Please note that you are responsible for personal administration.
- Please do not share Medications.

I (signed below) am able to participate in a very strenuous dance program and other active sports and camp activities. I agree to all the information provided.

Name: _____ Date: _____

Forms mailed and postmarked by June 1st
Thomondgate Productions, INC.
132 Muscadine Road
Sunset, LA 70584
(337) 662-5463