	Hartland Christian Camp - Medical (559) 337-2349 FAX: (559) 337-2251 Online: <a href="https://www.hartlandcamp.c">www.hartlandcamp.c</a>	
		Age M/F Birth Date//
	Address:	City State Zip Work Pager/Cell
Allergies:	In Case of Emergency, notify:	Phone: ()
	, , ,	Dr.'s Phone: () Camp Dates////
₹	T-SHIRT SIZE Youth Sizes M LAdult Sizes	·
	HEALTH HISTORY-	-CONFIDENTIAL
□ Last Tetanus Shot/ □ Allergies: Drugs/Insect Stings/Food □ Asthma: Nebulizer? Y/N □ Diabetes: Insulin Dependent? Y/N □ Physical Handicap □ Heart Condition □ Epilepsy/Seizure Disorder □ Nervous/Mental Disorder □ Diabetes: Specify)		
contai		r at camp check-in. Note: Hartland can only administer astructions written below or on reverse of this form.
 Medica	tion(s) Name (Use Reverse Side if Needed)	Dose(s) Times
1) Carr	event of injury or illness while your child is at camp, raper's primary medical insurance 2) Group medical insurance complete information below and attach a cop	rance (e.g. church, school) 3) Hartland medical insurance
Primary Insured's Name:		Policy No
Insurance Company:		Group No
	AGREEMENT TO MEDIATE / ARBI	BITRATE & MEDICAL RELEASE
<ol> <li>In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Hartland Christian Camp thospitalize, to secure proper treatment for and / or order an injection, anesthesia, or surgery for my child as deemed necessary.</li> <li>By this Agreement, I authorize Hartland staff/agent to administer First Aid (including over-the-counter medicines) as required for illness and injury. The signature of the parent or guardian below is intended to serve as a medical release.</li> <li>As parent or guardian of the above-named camper, I hereby agree to allow him/her to participate in all activities that occur at Hartland Christian Camp. I realize that unanticipated and unexpected dangers may arise during and associated with the camp activities. I voluntarily agree to accept any and all risks of injury arising from the camp activities.</li> <li>Any controversy between the parties regarding a claim against Hartland Christian Camp shall be settled by mediation, or if necessary, legally binding arbitration in accordance with the <i>Rules of Procedures of the Center for Conflict Resolution, a Christian Conciliation Service.</i> The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and/or activities engaged in at Hartland Christian Camp. The parties expressly agree to waive their right to file a lawsuit against one another in any civil court for such disputes except to enforce an arbitration decision. Each party agrees to pay their own attorney fees and to evenly share in mediation or arbitration costs or fees.</li> <li>I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and medical release. I am signing it of my own free will.</li> </ol>		
Parent i	or Guardian's Signature (those 18 years or older may sign for thems	Date://
, arciil (	eda. didir s signature (those to years or older may sign for thems	
Please F	PRINT Relation	onship to Camper

Use of Personal Information/Photos:

Hartland Christian Camp reserves the right to include picture, videos, or other likenesses of you or your child in its promotional materials.

☐ Check here if you do not want to be included on Hartland Christian Camp's mailing list.