



# Applicants Health Information

Use A Separate Sheet If Necessary

In case of emergency, please notify: \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone \_\_\_\_\_

List Past Illnesses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list any allergies, i.e. medicine, foods, etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Does applicant take any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all medication(s) and the frequency that medication(s) must be given.

1. \_\_\_\_\_ Frequency \_\_\_\_\_
2. \_\_\_\_\_ Frequency \_\_\_\_\_
3. \_\_\_\_\_ Frequency \_\_\_\_\_
4. \_\_\_\_\_ Frequency \_\_\_\_\_
2. \_\_\_\_\_ Frequency \_\_\_\_\_

Is the applicant current on all required immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_ **If No, Please Indicate Which Immunizations) Which Applicant Is Not Current.**

DTaP (Diphtheria, Tetanus, Pertussis) \_\_\_\_\_

MMR (Measles, Mumps, Rubella) \_\_\_\_\_

Polio \_\_\_\_\_

Chickenpox \_\_\_\_\_

Other \_\_\_\_\_

Can applicant swim? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, can applicant participate in water activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Can applicant participate in sport activities? Yes \_\_\_\_\_ No \_\_\_\_\_

**If No, Please Explain.**

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# Release and Consent Form

## Consent to Issue Medication

I, the parent/guardian of the applicant, hereby authorize the staff of the Prince Hall Masonic Youth Camp and or members of the Most Worshipful Prince Hall Grand Lodge of Texas to issue all medicine prescribed by a medical doctor to my child; and any over-the-counter medicine with instructions for distribution of the medicine from the parents.

Parent/Guardian Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

## Release of Liability

I, the parent/guardian of the applicant, hereby indemnify and hold harmless the Most Worshipful Prince Hall Grand Lodge of Texas, its agents, employees or contractors, the Cathedral Oaks Retreat Center, its agents, employees or contractors of any liability for injury or damage caused by the act or negligence of my child occurring while participating with the Prince Hall Masonic Youth Camp of Texas.

Parent/Guardian Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

## General information

Arrival time for Camp: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Pick up time: Date: \_\_\_\_\_ Time: \_\_\_\_\_ until \_\_\_\_\_

If you are going to be late, please contact the Camp Director at (409) 253-5935

Parent/Guardian responsible for picking up Camper:

Name: \_\_\_\_\_ Contact Number. \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number. \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number. \_\_\_\_\_

**Your Child Will Not Be Released to Anyone Whose Name Does Not Appear on The Above List.**

## Parent/Guardian Certification

I certify that the information on this application to the Most Worshipful Prince Hall Grand Lodge of Texas is true and correct to the best of my knowledge.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Sponsors Information (To Be Completed by District Deputy)**

District Deputy Grand Master. \_\_\_\_\_ District #: \_\_\_\_\_

Masonic Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Sponsorship Fee Paid? Yes \_\_\_\_\_ No \_\_\_\_\_

Grand Lodge Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_ **(Must Be Approved By Grand Master)**

### **Most Worshipful Prince Halt Grand Lodge of Texas 'Office Use Only'**

Date received: \_\_\_\_\_ Fee Amount Submitted: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date Submitted to Camp Director \_\_\_\_\_