

YOUNG LIFE PROPERTIES HEALTH, CONSENT AND RELEASE FORM

NOTE TO THE PARENT/GUARDIAN/GUEST: Young Life wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

1. Medical history
2. Proof of physical examination within the past 12 months if you are attending Castaway, Crooked Creek, Wilderness, Appalachian Extreme, Medicine Bow, Frontier Ranch, Beyond Malibu or Snow Wolf.
3. Medical insurance information

FOR AREA DIRECTORS	
Area #	_____
Area Name	_____
Trip Leader/Area Dir.	_____
School Name	_____
Camp Dates	_____
Camper	<input type="checkbox"/>
Leader	<input type="checkbox"/>

Name _____ Birthdate _____ Sex _____ Age _____ SSN _____
Last First Middle Initial

Parent or Guardian (or spouse) _____

Home Address _____ Phone _____
Street and Number City State/Province Zip/Postal Area/Number

Business Address _____ Phone _____
Street and Number City State/Province Zip/Postal Area/Number

Second Parent or Guardian Emergency Contact _____

Home Address _____ Phone _____
Street and Number City State/Province Zip/Postal Area/Number

Business Address _____ Phone _____
Street and Number City State/Province Zip/Postal Area/Number

If not available in an emergency, notify: Name _____

Home Address _____ Phone _____
Street and Number City State/Province Zip/Postal Area/Number

Health History (Give approximate dates)	Diseases	Allergies (Date not needed)
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Hay Fever
_____ Heart Defect/Disease	_____ Measles	_____ Ivy Poisoning, etc.
_____ Diabetes	_____ German Measles	_____ Insect Stings
_____ Bleeding/Clotting Disorder	_____ Mumps	_____ Penicillin
_____ Hypertension		_____ Other Drugs
_____ Mononucleosis		_____ Asthma
_____ Convulsions		_____ Other (Specify) _____

Operations or serious injuries (Dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications (Send with instructions) _____

Other diseases _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Special health and behavioral considerations _____

IMMUNIZATION HISTORY: Required immunizations will be determined locally. Please record the date (month and year) of basic immunizations and most recent booster shot.

Vaccines	Year of Basic Immunization	Year of Booster
Diphtheria	1.	1.
DPT*: Pertussis (Whooping Cough)	2.	2.
Tetanus	3.	
TD*: Tetanus		
Diphtheria		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (SALK)		
Measles (Hard Measles, Red Measles, Rubeola)		
Mumps		
Rubella (German Measles, 3-day Measles)		
Other		
Tuberculin test given _____ (Most recent)		
Haemophilus Influenza b (HIB)		
Hepatitis B		

Health Care Recommendations: A parent can complete the following health care recommendations unless the child is attending Castaway, Crooked Creek, Wilderness, Frontier Ranch, Appalachian Extreme, Medicine Bow, Beyond Malibu or Snow Wolf in which case this section must be completed by a physician.

I have examined the above applicant within the past 12 months. Date Examined _____

In my opinion, the above's condition does does not preclude his/her participation in an active camp program.

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following condition(s) _____

Current treatment (Include current medications) _____

Explanation of any reported loss of consciousness, convulsion or concussion _____

Does the applicant have epilepsy? Yes No Does applicant have diabetes? Yes No

Recommendations and Restrictions While at Camp

Any treatment to be continued at camp _____

Any medication to be administered at camp (Specific dosages) _____

Any medically prescribed meal plan or dietary restrictions _____

Any allergies (Foods, drugs, plants, insects) _____

Activities to be limited _____

In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. Are there any reasons this person should not participate? _____

Additional health information _____

Licensed Physician's Signature _____		Phone _____		
Address _____		Area/Number _____		
Street and number	City	State/Province	Zip/Postal	Area/Number
Date of Form completion _____	*By _____	*Initial if completed by nurse or physician's assistant		

ACCIDENT COVERAGE

I understand that Young Life provides a coordinated benefit camper accident (not illness) plan. If a claim is less than \$250, Young Life pays the full amount. If a claim is \$250 or more, the entire claim is coordinated with my personal insurance. Young Life pays what mine does not up to a maximum of \$4,000. If you have questions, please contact Andrea Davis at the Young Life Service Center (719) 381-1950.

My insurance company _____ Policy Number _____

Insurance company address _____

<p>This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.</p> <p>Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.</p> <p>As my attendance at a Young Life camp is a privilege, I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at camp, including my Young Life sponsored travel to and from camp, in consideration of this privilege. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.</p> <p>Under Colorado law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.</p> <p>If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Young Life harmless from any claim asserted by me against Young Life, including its trustees, employees, and agents, if I should repudiate this release after obtaining adulthood.</p> <p>I hereby grant permission to Young Life to photograph the camper during camp activities and to use the photographs in Young Life audio-visual and printed materials without compensation or approval rights.</p> <p>Signature of parent or guardian or adult camper/staffer _____</p> <p>Persons authorized to pick up child other than parent or guardian _____</p> <p>I also understand and agree to abide with the restrictions placed on my camp activities as listed above.</p> <p>Signature of minor or adult camper/staffer _____ Date _____</p>
