



# 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 Beyond Malibu, Castaway, Crooked Creek, Frontier Ranch, Trail West, or Wilderness Ranch
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 \_\_\_\_\_  
Last First Middle Initial

Parent or Guardian (or spouse) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Street Address City State/Province Zip/Postal

Business Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street Address City State/Province Zip/Postal

Second Parent or Guardian Emergency Contact \_\_\_\_\_

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street Address City State/Province Zip/Postal

Business Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street Address City State/Province Zip/Postal

If not available in an emergency, notify: Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street Address City State/Province Zip/Postal

**ACCIDENT COVERAGE**

I understand that my personal insurance will be primary coverage for camper accidents and that Young Life's insurance is secondary up to a maximum of \$4,000 (\$1,000 for dental claims). Exception: If the total claim is less than \$250, Young Life will pay the full amount. On claims above \$250, Young Life will coordinate payments for deductibles and co-pays. Young Life's policy does not cover camper illnesses. If you have questions, please contact Young Life Benefits and Insurance at (719) 381-1950

My insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance company address \_\_\_\_\_

Not Currently Insured - Young Life reserves the right to subrogation if it is later determined that personal medical insurance was in place.

**Health Care Recommendations: A parent can complete the following health care recommendations unless the child is attending Beyond Malibu, Castaway, Crooked Creek, Frontier Ranch, Trail West, or Wilderness Ranch 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.

Licensed Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street Address City State/Province Zip/Postal

Date of Form completion \_\_\_\_\_ \*By \_\_\_\_\_  
\*Initial if completed by nurse or physician's assistant

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 \_\_\_\_\_

### 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 (Food, drugs, plants, insects) \_\_\_\_\_

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/Activities to be limited \_\_\_\_\_

